Promofirenze

AZIENDA SPECIALE
Camera di Commercio Firenze

SINCERT

ABSTRACT OF THE PROJECT

Business Development Department: Att. Carlotta Viviani

Ph.: +39 055 2671632 Fax +39 055 2671404 carlotta.viviani@promofirenze.com

enterprise europe network

L'Europa alla portata della vostra impresa

European Commission
Enterprise and Industry

cip competitiveness and innovation framework programme 2007-2013

EUROPEAN COMMUNITY BUSINESS & INNOVATION CENTRE BIC

1) IDENTIFYING INFORMATION:

Company Name: _____

Address: _____

Telephone: (+39) _____ Fax: (+39) _____

E-mail: _____ Web-Site: _____

Contact Person: _____

2) ABSTRACT OF THE PROJECT YOU INTEND PRESENT AT EXPO SHANGAI:

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3) MAIN TARGET TO BE REFERRED:

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Promofirenze
Azienda Speciale
della C.C.I.A.A. di Firenze

Via del Castello D'Altafronte, 11
50122 Firenze
Tel. +39 055 26.71.41
Fax +39 055 26.71.404
Cod. Fiscale: 94131580485
Partita IVA: 05599700480
www.promofirenze.com
promofirenze@promofirenze.com

IMPORTANT (must be completed)

Informative note and consent pursuant to the Legislative Decree 196/2003 (Personal Data Protection Code)

In transmitting his/her personal data to Promofirenze Special Agency of the Chamber of Commerce of Florence , the undersigned_____ consents to their processing on the part of the Agency. Use them for sending information or advertising material and make commercial communications also interactive. The entire information to the consent of the data processing is viewable on the site www.promofirenze.com.

The undersigned declares, moreover, that at the time when the data were collected he/she was duly informed of that laid down in art. 13 of the Legislative Decree 196/2003, including the rights deriving to him/her in accordance with art. 7 of the above-mentioned Decree in relation to the processing to which he/she consents.

Florence,_____

Stamp of the company, and signature of the legal representative

_____

BANCA CR FIRENZE

MONTE DEI PASCHI DI SIENA
BANCA DAL 1472

MPS
CAPITAL SERVICES BANCA PER LE IMPRESE