

APPLICATION FORM FOR SPACE USE REQUEST

To the Director of Galleria dell'Accademia in Florence
Dr. Cecilie Hollberg
Via Ricasoli 58-60
50122 Firenze

The undersigned

.....

Born in

.....

On

.....

in his capacity as:

(specify the title of the applicant: owner, legal representative or delegate, etc.)

of the Firm/Company/Institution: (specify the full legal name and tax code and/or VAT number)

Considering the Regulations for space use concessions

HEREBY REQUESTS

to organize in own/on behalf of
(specify the complete legal name with tax code and/or VAT number),

in the following areas, the events specified below:

DATE	SPACE REQUIRED	EVENT TYPE	No. of PARTICIPANTS

To this end, **the undersigned specifies the following data:**

purpose of the event(s)
final user
total no. of participants
event start time
event end time

As regards the technical equipment, we hereby declare:

- type of necessary equipment
.....
- companies involved
.....
- date and start time of any technical equipment preparation
.....

The undersigned confirms that shall bear the charges for the event organization

Attached to this (mandatory):

- event's detailed program;
- executive project for technical equipment

If the request is positively accepted, the undersigned requests the release of the cost estimate.

Date

Applicant's signature
