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|  | **TEST DI ACCESSO**  **DEL PROFILO PROFESSIONE DELLA**  **PRANOPRATICA O LA BIOENERGEUTICA®** |  |
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|  | |  |  | | --- | --- | | Milano, |  |      |  |  | | --- | --- | | Nome |  |      |  |  | | --- | --- | | Cognome |  |      |  |  | | --- | --- | | Via/Piazza |  |      |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | CAP |  | Città |  | Prov. |  |      |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Tel. casa |  | Studio |  | Cellulare |  |      |  |  |  |  |  | | --- | --- | --- | --- | --- | | Fax |  | E-Mail |  |  |     Dichiara infine di aver ricevuto l'informativa ai sensi dell'articolo 10 della legge n° 675 del 31/12/1996 (Legge sulla Privacy)    PER ACCETTAZIONE     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Data |  | Firma |  |  |     QUESTIONARIO  (composto da 25 domande in 5 pagina)     |  |  | | --- | --- | | 1 - Voi come vi vedete (non descrizione fisica) |  | |  | | |  |