

ACCOMMODATION CONFIRMATION FORM
UNIVERSITY CAMPUS
SAVONA

To be sent completed in all its parts by e-mail to: segreteria@spes-savona.it

to SPES S.c.p.A.

Savona ___ / ___ / _____

(for the sending of bed acceptance, the date of the email is valid, check the deadlines in the notice)

The undersigned _____ born in _____ on _____

Resident in via / corso / piazza _____

a _____ (indicate city and country) ZIP code _____

declares to

having won the position in the ranking n° _____

Select accommodation ranking for which you participated:

Double Payment _____ Single Payment _____

asks to

(before selecting the date and time, check the timetable for the call for applications)

Want to arrive to make check in on ___ / ___ / ___ at _____

Please note that check-in can only be done from Monday to Friday at the times indicated in the notice.