**TURIN UNIVERSITY CULTURE COLLECTION**

**SERVICES REQUEST FORM**

***This form must be filled, signed and returned to Turin University Culture Collection - to the attention of the Scientific Chief – Prof. Giovanna Cristina Varese - by e-mail (see contacts below).***

**OGGETTO: Request of services and consultancy/assistance**

The undersigned (First Name - Last Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

as the legal representative /Director of the Institute/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

requests the following (please, specify):

| **Service** | **Details and Comments** |
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Date.………………………….

Signature……………………………………….

By means of e-mail [info@mut.unito.it](mailto:info@mut.unito.it) and [cristina.varese@unito.it](mailto:cristina.varese@unito.it) to the TUCC Curator, Prof. Giovanna Cristina Varese, Università degli Studi di Torino, Dipartimento di Scienze della Vita e Biologia dei Sistemi,viale Mattioli 25, 10125 Torino

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