



## Artist's Residence Ar.Vi.Ma. 2023 APPLICATION FORM

The undersigned:

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ASKS

to participate in the selection for the Ar.Vi.Ma. 2023 and for this purpose:

### DECLARES

- that the works in the portfolio are made by the undersigned candidate.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

### AUTHORIZES

- the processing of personal data pursuant to Legislative Decree 196/2003.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

- the use of the images of the works in the portfolio.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

**Attach a copy of a valid identity document**