



## Ar.Vi.Ma. Artist Residency 2024 APPLICATION FORM

I, the undersigned:

Name: \_\_\_\_\_

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

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

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

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

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

### REQUEST

To participate in the selection for the Ar.Vi.Ma. 2024 Artist Residency and to this end.

### DECLARE

- that the works in the portfolio were created by the undersigned candidate.

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

### AUTHORIZES

- the processing of my personal data in accordance with Legislative Decree 196 / 2003.

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

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

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

**Attach copy of valid identity document**