

Artist Residency Ar.Vi. Ma. 2020

Candidate's full name: _____

Date of birth: _____

Address: _____

Phone number: _____

Mobile phone: _____

E-mail: _____

It is declared the works in the portfolio are done by the candidate

Place and date _____ Signature _____

Authorising the use of personal information following the 196/2003 law

Place and date _____ Signature _____

Authorising the use of the images of the portfolio works

Place and date _____ Signature _____