

Attached n.2: **REGISTRATION FORM**

First name:

Last name:

Born in:

Date of birth:

ADDRESS

Street: Email:

City: Phone number:

State/Province/Region: Website:

ZIP/Postal Code:

Country:

Short presentation and motivation to participate in the residency (maximum 300 words):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Place and date

Signature
