

**ARTIST RESIDENCY 2019**

**APPLICATION FORM**

Full name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Place and date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

e-mail \_\_\_\_\_ Phone \_\_\_\_\_

Website 1 \_\_\_\_\_

Website 2 \_\_\_\_\_

**I declare that the personal data given here in accordance with L. 196/2003, may be used by SÅM2019 organizer for necessary communication with the print media, or on the Internet, or by any institution affiliated with organization.**

Date and signature

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