

**ARTIST RESIDENCY 2020**

**APPLICATION FORM**

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

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

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

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

Nationality \_\_\_\_\_

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

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

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

Driving license  Yes  No

I declare that the personal data given here, in accordance with L. 196/2003 , may be used by SÂM2019 organizer for necessary communication with the print media, or on the Internet, or by any institution affiliated with organization.

I declare that all the material produced during the residency program will be at disposal of the organization for potential publication.

The presence of the artists is mandatory on the first week of May and during the opening weekend of the final exhibition at the Film Festival of Lessinia in August.

As concern the rest of the program the presence is requested for at least the 80% of the time.

\_\_\_\_\_  
Date and signature