

REGISTRATION FORM

To join the **VALL-ÉS, VI ARTIST'S BOOK COMPETITION** it's necessary to fill the registration form.

NAME AND LAST NAME _____

ADDRESS _____

EMAIL ADDRESS _____

CONTACT TELEPHONE(S) _____

TITLE OF THE WORK _____

TECHNIQUE AND FORMAT _____

Do you allow the work to be reproduced for promotional purposes?

YES NO

If activities are organized around the Contest, would you like to participate?

If the answer is yes, how?

- Giving workshops related to the Artist's Book?

YES NO

- Giving a talk or lecture on Artist's Books?

YES NO

I accept that the organization uses my data for the sole purpose of publicizing the Contest.

YES NO

DATE AND PLACE

SIGNATURE
