



Contact person\*<sup>3</sup>

---

Contact info:

Telephone\*: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

Address\*:

---

---

---

Exhibition\*<sup>4</sup>:

- I agree with exhibiting the registered project in a public exhibition  
 I don't agree with exhibiting the registered project in a public exhibition



Date\*<sup>5</sup>: \_\_\_\_\_

Signature\*\*<sup>6</sup>: \_\_\_\_\_

\* Mandatory field.

\*\*By signing this form, I declare that I have read and understood the Regulations of the Contest.

---

<sup>3</sup> Name of curator / project coordinator / name of the person or NGO that is going to sign the contract.

<sup>4</sup> Only one option.

<sup>5</sup> Registration date at UAR or post date (if sent by post).

<sup>6</sup> Signed by the project's curator / coordinator.