**Registration Form**

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| --- |
| 1. Name:
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| 1. Gender: 🞎 female 🞎 male
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| 1. Address:
 |
| 1. E-mail:
 |
| 1. Website:
 |
| 1. Phone no.:
 |
| 1. Date and place of birth:
 |
| 1. Illness (dependence on medicine, etc.), or allergy:

Indicate any dietary restrictions …………………………………………………………………………………………………………. |
| 1. Blood-group:
 |
| 1. In case of emergency the contact person:Name: Telephone:
 |

Please don’t forget to send us:

1. Short CV
2. Portfolio
3. Concept of project idea specifying the involved disciplines (e.g. arts, architecture, technology, crafts)

**Applications may be submitted in pdf form by 1 July 2021 to the address:** **office@transylvaniatrust.ro****.**