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**Application Form**

PARTICIPATION OF “REGIONAL COOPERATION” PROJECT  
31 MARCH – 7 APRIL 2020 | BUDAPEST, HUNGARY

**General information**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Citizenship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: (dd/mm/yy) |  | Place of Birth: |  |
| Gender: | Male:  Female: | | |

|  |  |
| --- | --- |
| Telephone number: |  |
| E-mail address: |  |

**Travel documents**

|  |  |
| --- | --- |
| Type of document: |  |
| Full document no.: |  |
| Expiration date: |  |

**Special needs**

|  |  |
| --- | --- |
| Vegetarian, non-vegetarian, diet: |  |
| Health issues: |  |
| Medicines: |  |

|  |  |
| --- | --- |
| Who to inform in case of emergency (name, status of person and phone number): |  |

**Language level of knowledge**

|  |  |
| --- | --- |
| English: | Fluent  Good  Fair |

**Declarations**

|  |
| --- |
| I declare that I have a permanent or temporary address or residence permit in the country I am representing |
| Yes  No |

|  |
| --- |
| I declare that I have read and agreed on terms of the Participant Declaration (<http://culturalrelations.org/Files/Forms/Participants_Declaration.pdf>) |
| Yes  No |

**Intentions**

|  |
| --- |
| Please state your reasons for wishing to attend the project (500 words max): |
|  |

|  |  |
| --- | --- |
| Date: | Signature: |

**Kulturális Kapcsolatokért Alapítvány**

**(Institute for Cultural Relations Policy)**

Web: [culturalrelations.org](http://culturalrelations.org)

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