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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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