

Artist Registration Form

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Profession / Job: _____

Passport ID: _____

Address: _____

City: _____

Zip Code: _____

Email: _____

Telephone Number: _____

Social Media: _____

Website: _____

Please add any of your **Images and Urls** (10 - 20 images or Url's in case of video or projects).

The title of the images must contain your surname and title of the project/work and year.

Date: _____

Signature: _____