**APPLICATION FORM**

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| **Name/ Surname**  |  |
| **E-mail**  |  |
| **Postal Address** |  |
| **Contact number** |  |
| **Short CV *(max150 words)***  |  |
| **Highlights of academic qualification / research / artistic activities** | **EDUCATION:****SEMINARS:** **WORKSHOPS/RESIDENCY** |
| **Web link** / (personal website, photos, videos, presentations, art work, papers) – Not obligatory  |  |
| **Please state why you would like to participate in the seminars-workshops and which are your expectations** (max. 250 words) |  |

**Note:** By completing this form, you have provided certain personal information to the Michael Cacoyannis Foundation. The above information is necessary for the evaluation of your request and will not be used by the Foundation for any other purpose, nor will it be disclosed to any third party.

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