

Participation form

PLEASE FILL IN LEGIBLY TO ENSURE YOUR PARTICIPATION IN THE CONTEST.

Project Name (followed by three digits of your choice)

.....

Participant, Group Leader or Organisation

First name

Surname

Company, organisation, association, foundation (optional)

Date of birth Place of birth

Street address no.

Postcode City Province

Mobile phone

Email

Other group members (if taking part as a work group)

Name

Surname

Date of birth Place of birth

Name

Surname

Date of birth Place of birth

Name

Surname

Date of birth Place of birth

Name

Surname

Date of birth Place of birth

> I consent/we consent to the processing of my/our personal data (Law 675/96) if my/our work is one of the projects selected.

> I, the undersigned, declare that I have read the rules available to download from the website design4parents.com, and that I accept the rules in their entirety.

> I, the undersigned, declare for the purposes of participation that there are no situations of conflict as referred to in Art. 3 of the Rules for participation in the "Design4Parents" Contest

Date

**IN WITNESS WHEREOF with
Signature of the participant
or group leader**

Promoted by



In partnership with

