

Application Form for Pixel Film, TV and New Media School July 01 - 05, 2013

PLEASE PRINT

1. CONTACT INFORMATION	ON		
Name:		Date of Birth:	
First	Last	dd/mm/yyyy	
Current Address:			
Street and Number		_	
City		Country	
Home Phone		Mobile Phone	
Email			
Nationality		Passport Number	
Emergency Contact	Name	Phone	
Letter of invitation needs	ed: YES NO		
2. SELECT PROGRAM			
PARTICIPANTS PROGRAM o I am enclosing Pro	1 ogram Fee: 250 EUR		
 UNIRI PARTICIPAI I am enclosing Program F 			
3. DO you wish to apply f	or DORMITORY HOUSING?	(please add 110 EUR) YES NO	
	LICATION, BIOGRAPHY, PHO re JULY 1, 2013 to: info@pi	OTOCOPY OF YOUR PASSPORT AN xelfilm.uniri.hr	D RECEIPT
	nderstand the Pixel Film, T\ the guidelines and policies	/ and New Media Rules and Regul	lations, and
Signature of Student:	Date:		