

LIGHT FOR...



Person applying for participation in the competition

| | | | | |
|-------------------------|--------------------------|--|-----------|--|
| First and last name: | | | Age: | |
| Correspondence address: | | | | |
| e-mail: | | | tel./fax: | |
| STUDENT | <input type="checkbox"/> | * (if so please give the full name of the college, faculty and year of studies; if the project is realized within the framework of school work, please give the full name of the promoter) | | |
| | | | | |
| PROJEKTANT | <input type="checkbox"/> | * (if so please give the name and the address of the workplace) | | |
| | | | | |

Designer / Team (please give information concerning all co-authors - members of the team)

| First and last name | Address | tel./fax: |
|---------------------|---------|-----------|
| | | |
| | | |
| | | |
| | | |

I declare that the work presented in the competition is my/our authorship

Date _____ Signature (author or team leader) _____

Information identifying the work:

| | |
|---------------------|--|
| 6 character emblem: | |
|---------------------|--|

Return of the exhibition goods:

- I will get personally
- I will cover the cost of delivery
- I am not interested in its return

I consent to the processing of my personal information and electronic address and placing them in the data base of Agency SOMA in compliance with Law regarding the protection of personal data.

Date _____ Signature _____

The signing of this form is equivalent with the acceptance of the conditions contained in the competition regulations.
* please mark the appropriate box with an X