



Nelimarkka-museo | Nelimarkka Residenssi

APPLICATION FORM

Last Name		
First Name		
Date of Birth (dd/mm/yyyy)		
Address		
Phone	E-mail	
Home Page		
Next of Kin (name, address, tel., e-mail)		
Studies		
Purpose and Goals of the Residency		
Reasoning/Work Plan		
Do you want to offer a workshop? Yes <input type="checkbox"/> No <input type="checkbox"/>	The idea for a workshop	The target audience?
Requested arrival date	Requested departure date	
Place and time	Signature	