

# SHORT WAVES FESTIVAL 2016

## APPLICATION FORM FOR FILM-POSTER DESIGN WORKSHOP

NAME AND SURNAME: .....

DATE OF BIRTH: .....

TELEPHONE: .....

E-MAIL: .....

WWW: .....

KNOWLEDGE OF ADOBE PROGRAMS (underline the correct one):

**ADOBE PHOTOSHOP**                      BASIC                      MEDIUM                      ADVANCED

**ADOBE IN DESIGN**                      BASIC                      MEDIUM                      ADVANCED

**ADOBE ILLUSTRATOR**                      BASIC                      MEDIUM                      ADVANCED

ARE YOU INTERESTED IN ACCOMODATION PROVIDED BY THE ORGANISER FROM 16TH TO 18TH OF MARCH 2016 – 2 NIGHTS? (underline the correct one):

- YES
- NO

HOW DID YOU LEARN ABOUT FILM-POSTER DESIGN WORKSHOP? (underline the correct one):

- SHOOOL
- FRIENDS
- FACEBOOK
- OTHER (what?)

*I declare that I am familiar with the Regulations of Film-Poster Design Workshop during SHORT WAVES FESTIVAL 2016 and I accept its provisions.*

*I hereby authorize the Organizer of Film-Poster Design Workshop, Ad Arte Foundation, to process my personal data in accordance with the Personal Data Protection Act dated 29.08.1997 (uniform text: Journal of Laws of the Republic of Poland 2002 No 101, item 926 with further amendments) for the purpose of organizing Workshop during SHORT WAVES FESTIVAL 2016.*

.....

(DATE, SIGNATURE)

**Filled in, hand signed and scanned Application Form should be sent by e-mail to:**  
[workshops@shortwaves.pl](mailto:workshops@shortwaves.pl)