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| **APPLICATION FORM** |
| First Name |  | Last Name |  |
| Age |  | Date of birth |  |
| Nationality |  | Country of residence  |  |
| **Gender:** |
| Male |  | Female |  |
| Rather not to say |  | Custom |  |
| Decline to answer |  |  |  |
| **Contact:** |
| Email |  | Postal |  |
| Mobile phone |  | Home/office phone |  |
| Professional status |  |
| **I am actively involved in this organization** |  |  |
| Organization web site |  |  |  |
| **I would like to participate at the worship as** (type X into selected choice; if 35 or more you are a guest)**:** |
| Activist |  | Guest |  |
| **I would like to submit my candidature as Delegate (YES/NO):** |  |
| **If YES please write the motivation letter (60 words max) see form below** |
| **How did you find out about this workshop (type X into the selected choice)** |
| Facebook |  | By email |  |
| Instagram |  | Food Wave web site |  |
| Linkedin |  | Eating City web site |  |
| Friends |  | Other |  |
|  |  |  |  |
| **Disclaimer:**By submitting this application form I commit myself to participate for the entire duration of the workshop and I declare that I have read and accept the rules and guidelines of the workshop. |
| I hereby declare myself available to give a small video interview (pitch) lasting 30 seconds, and authorize the organizer to disseminate it on the various social media channels for non-commercial purposes - solely for the dissemination of the project activities. By filling this form, I submit my information to the workshop organizer and I confirm that I would like to receive email updates on the forthcoming Eating City activities. Data will be processed in full compliance with current legislation and, in particular, regulation (EU) 2016/679. NOTE: This workshop will be recorded and uploaded on the Eating City web site ([www.eatingcity.org](http://www.eatingcity.org))  |
| Place and Date  |  | Signature |  |
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