



PARTICIPATION FORM

Constanța International Mail Art Biennale - 1st Edition “Fe-Mail Art”

1. Applicant Information

- Full Name: _____
- City: _____
- Country: _____
- Date of Birth (DD/MM/YYYY): ____ / ____ / _____
- Email Address: _____
- Phone Number: _____
- Website / Portfolio (optional): _____

2. Artistic / Academic Background

University / Art Academy attended:

If you are currently enrolled in a university or art academy, please indicate the institution and program of study:

3. Short Artist Biography / CV

You may include information such as: current profession or occupation, exhibitions or artistic projects, artistic practice or field of interest, collaborations, a brief statement about your artistic approach.

4. Submitted Works

<i>Submitted Works:</i>	Title	Technique / Medium
1.		
2.		

5. Declaration

By submitting this form, I confirm that:

- The information provided is accurate and complete.
- I agree to the processing of my personal data by the organisers for the purpose of organising and promoting the Biennale, in accordance with applicable data protection regulations.
- I acknowledge that submitted artworks will not be returned.
- I understand and accept that the organiser reserves the right to select and display the artworks in accordance with the curatorial concept, available exhibition space, and technical requirements.

Date:

____ / ____ / _____

Signature:
