

## REGISTRATION FORM

I hereby confirm my wish to participate in the in the International Exhibition of Artistic Bookbinding Scripta manent V “Young Estonian Poetry“. I have read through and agree with the terms of the exhibition. I agree with the publication of my data in the catalogue of the exhibition.

First name:

Middle name(s):

Surname:

Date of birth (DD/MM/YYYY):

Address: Street, number of house / apartment:

Zip code:

City:

Country:

Telephone:

E-mail:

Date:

Signature: \_\_\_\_\_

## DESCRIPTION OF BOOKBINDING

Name of bookbinder:

Materials used:

Techniques used:

Measurements (cm) Length: Width: Height:

Suggestions for display:

Date:

Signature: \_\_\_\_\_