ENVELOPE Nº 1

GENERAL BULLETIN OF Inscription (Emancipated DISABLED PERSONS INCLUDED)

PEN-NAME:			
Confirmation's number	r (apper on the Pa	y-Pal´s bill):	
FIRST NAME AND SURNAM	ΛΕ		
DNI. or Passport number:		DATE OF BIRTH:	
ADDRESS:			No:
CITY:			
ZIP CODE:			
PHONE:		EMAIL:	
AWARD want to choose th	ne VI International Ph	otography Contest a-do	wn in accordance with
the Terms or published wi		otograpily contest a ac	
I Mr./Mrs,			with ID, passport or
equivalent No.:		declare under oath that	all works submitted to
VI INTERNATIONAL PHOTO	CONTEST a-down a	e original and unpublis	hed and have not been
submitted to any competit	tion or contest prior t	to this date.	
Date and Signature of Autl	hor:		
Date and Signature of Auti	1101.		
Type of disability. (Only in	the event that the au	ithor is a person with di	sabilities):