

APPENDIX B

APPLICATION FORM_ INDIVIDUAL OR SET OF WORKSHOP 2018-19

PERSONAL INFORMATION

THE UNDERSIGNED	
NAME	
SURNAME	
DATE OF BIRTH	
PLACE OF BIRTH	
TAX CODE	
CITIZENSHIP	
ADDRESS AT RESIDENCE	
ZIP CODE AND CITY	
CELLULAR PHONE	
EMAIL ADDRESS	

DEGREES HELD

LAST DEGREE HELD	
THESIS TITLE AND SUBJECT	
CRITIC AND SUPERVISOR	
UNIVERSITY	

REQUESTS

TO BE ADMITTED TO ONE OR MORE FOLLOWING WORKSHOP (MARK WITH AN X BOXES BELOW)

NOTE

Calendar changes (in terms of dates and/or places) may need to be made for circumstances beyond our control. The Adrianea will communicate these changes when necessary within 30 days of the beginning of the workshop.

1	ROME	WS OF ROME CAPUT VOLUTA	
2	BERLIN	WS OF THE MUSEUMSINSEL	
3	VALENCIA	WS DE LA COSTRUCCION DE LA MEMORIA	
4	SELINUNTE_SEGESTA	WS OF THE MAGNA GRECIA	
5	TURIN_SAN MICHELE	WS OF THE NAME OF THE ROSE	
6	HADRIAN'S VILLA	WS OF ARCHAEOLOGICAL DIGITAL SURVEY	
7	NAPLES_CAPRI	WS OF TIBERIUS JUMP	
8	TREIA_NORCIA	SEISMIC EMERGENCY WORKSHOP	
9	IL CAIRO	WS OF THE PYRAMIDS	
10	NEW YORK	WS OF THE ROOSVELT ISLAND	
11	ATHENS	WS OF THE ACROPOLIS	

Please, mark with a cross the workshops which is to take part