REGISTRATION FORM VIDEO MAPPING WORKSHOP

Registration subject to acceptance of your file - selection on the documents provided.

Thank you for filling this form. Please send it back **before 31st of January 2020** with a PDF version or a weblink of your portfolio and 1 page max. of ideas and research related to this year's topic: "Biodiversity, from menace to extinction":

- by email: videomapping@rencontres-audiovisuelles.org
- by post: Rencontres Audiovisuelles 18, rue Gosselet BP 1295 59014 Lille Cedex France

PARTICIPANT 1:		TUDENT PROFESSIONAL
* First name:		* Last Name:
* Gender:		
* Nationality:		
* Mobile phone:		
* Email address:		
Specific diet / allergi	es:	
Profile:	imator / Visual Artist	☐ Sound designer
□ De	veloper	☐ Game Designer / Interface designer
PARTICIPANT 2:	□ S1	TUDENT □ PROFESSIONAL
* First name:		* Last Name:
* Gender:		
* Nationality:		
* Mobile phone:		
* Email address:		
Specific diet / allergi	es:	
Profile:	imator / Visual Artist	☐ Sound designer
□ De	veloper	☐ Game Designer / Interface designer
Equipment brought	if possible, you should bri	ng your own equipment):

PARTICIPANT	·3:	□ STUDENT □ PROFESSIONAL
* First name	e:	* Last Name:
* Gender:		
* Nationalit	y:	
* Mobile ph	one:	
* Email add	lress:	
Specific diet	t / allergies:	
Profile :	☐ Animator / Visual Artist	☐ Sound designer
	☐ Developer	☐ Game Designer / Interface designer
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PARTICIPANT		□ STUDENT □ PROFESSIONAL
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Profile :	☐ Animator / Visual Artist	, and the second
	☐ Developer	☐ Game Designer / Interface designer
Equipment	brought (if possible, you should	d bring your own equipment):
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PARTICIPANT 5	:	☐ STUDENT ☐ PROFESSIONAL
* First name:		* Last Name:
* Gender:		
* Nationality:		
* Mobile phor	ne:	
* Email addre	PSS:	
Specific diet /	allergies:	
Profile :	☐ Animator / Visual Artis	t 🗆 Sound designer
	☐ Developer	☐ Game Designer / Interface designer
PARTICIPANT 6	:	☐ STUDENT ☐ PROFESSIONAL
* First name:		* Last Name:
* Gender:		
* Nationality:		
* Mobile phor	ne:	
* Email addre	ess:	
Specific diet /	allergies:	
Profile :	☐ Animator / Visual Artis	t 🗆 Sound designer
	☐ Developer	☐ Game Designer / Interface designer
Equipment br	rought (if possible, you shou	ld bring your own equipment):

ORGANISATION: School: Name of the teacher in charge: Mobile phone: Email address:
□ Company / Studio / Collective / Association:
☐ Individual - No organisation

ACCOMODATION:

Hostel (15 min by bus from the site). Accomodation in double or triple room. Bus shuttle (fixed schedule in the morning and in the evening). 25€ per night and per person, breakfast included.

Check the boxes for the required nights.

PLEASE NOTE: LIMITED CAPACITY – FIRST REGISTERED, FIRST SERVED.

	Sat 28 night	Sun 29 night	Mon 30 night	Tue 31 night	Wed 1 night	Thu 2 night	Fri 3 night	Sat 4 night	Number of nights	TOTAL (Number of nights x 25€)
Participant 1										
Participant 2										
Participant 3										
Participant 4										
Participant 5										
Participant 6										

PAYMENT:	
After validation of your registration by the organisation and receipt of the invoice, please proceed to payment:	
□ by check payable to Rencontres Audiovisuelles□ by bank transfer (we will give you the bank details)	