



## VIII BIENNALE "DE FABULA"

### Application form.

(fill in the form and send it to Ass.ne DE FABULA, Via Gorizia 2/19, 16147 Genova)

Name .....

Surname .....

School/association .....

Address .....

City .....

Zip code .....

Phone/mobil phone number .....

E-mail .....

Kind of technic (bobbin lace, macramè etc.) .....

I accept the terms of the regulation.

Date .....

Sign.....