



Nelimarkka Museum | Nelimarkka Residency

APPLICATION FORM

Last Name		
First Name(s)		
Date of Birth (dd/mm/yyyy)		
Gender	Nationality	
Address		
Phone	Email	
Website		
Contact person (in case of emergency): name, address, phone, email		
Purpose of the Residency		
Work plan		
Would you like to host a workshop? Yes <input type="checkbox"/> No <input type="checkbox"/>	Workshop idea	For whom?
Requested arrival time	Departure time	
Place and Date	Signature	