



## Participation form

Last name \_\_\_\_\_

First Name \_\_\_\_\_

Male  Female

Citizenship \_\_\_\_\_

Birth date \_\_\_\_\_

E-Mail address \_\_\_\_\_

Mobile \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Title of the work \_\_\_\_\_

Duration \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

*I authorise the use of my personal information according to the Italian Law 196/03.*

**2<sup>nd</sup> EDITION**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**MAKING A STORY FROM**

**WOMEN IN ARCHIVES**

Please, fill the form in and send it back to:

**Chiara RUTOLO** - in charge of COPEAM Audiovisual Heritage Commission

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