



APPLICATION FORM

First Name		Last name	
Age		Date of birth	
Nationality		Country of residence	

Gender (Optional)

Male		Female	
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Contact:

Email		Postal	
Mobile Phone		Home/office Phone	
Professional status			
I am actively involved in this organisation			
Organization Website			

I would like to participate at the workshop as: (type X into selected choice)

Activist		E.C. Ambassador	
Guest			

I would like to participate at workshop: (type X into selected choice)

In Presence *1		By Zoom (Video conf)	
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I would like to submit my candidature as Delegate (YES/NO)

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If YES pls write the motivation letter (max 60 words) See Form below

*1) In case of "in presence" participation (only for people resident in France)

Sncf Rail Station of departure	
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How did you find out about this workshop (type X into selected choice)

Social Media		Mail	
Friends		Eating City web Site	

Disclaimer

By submitting this application form I commit myself to participate for the entire duration of the workshop and I declare that I have read and accept the rules and guidelines of the workshop.

I hereby declare myself available to give a small video interview (pitch) lasting 30 seconds, and authorize the organiser to disseminate it on the various social media channels for non-commercial purposes - solely for the dissemination of the project activities.

By filling this form, I submit my information to the workshop organizer and I confirm that I would like to receive email updates on the forthcoming Eating City activities. Data will be processed in full compliance with current legislation and, in particular, regulation (EU) 2016/679. NOTE: This workshop will be recorded and uploaded on the Eating City web site (www.eatingcity.org)

Place and Date

Participant Signature

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Motivation letter form

(Only for participants who intend to apply for the delegate role, Max 60 words)