

INTIMACY AND SPECTACLE

REGISTRATION FORM

Scenography Expanded 2: On Artists / Authors

Belgrade, July 9 - 11, 2010

Please fill in all boxes and complete all sections. Thank you.

FULL NAME WITH TITLE	
MS / MR	
COUNTRY	
ORGANIZATION	
EMAIL	
PHONE (incl. international code)	
POSTAL ADDRESS	
DATE OF ARRIVAL AND DEPARTURE	
OCCUPATION	
SHORT BIO	please include BIO (full sentences not CV) of 150 WORDS maximum
WILL GIVE THE PRESENTATION?	YES
TITLE OF PRESENTATION	
if yes	

ABSTRACT OF	300 words max as the attachment to the registration
PRESENTATION	form

RETURN TO PQ OFFICE BY MARCH 15, 2010

Fax +420 224 810 225, E-mail pq@pq.cz

