

ENTRY FORM

SURNAME:

Individual applicant or team leader

FIRST NAME(S):

ADDRESS:

COUNTRY:

TELEPHONE:

MOBILE PHONE:

FAX:

E-MAIL:

DOCUMENTS TO BE INCLUDED:

STUDENT CATEGORY (A) ☐

Name of School:

Name of Professor:

PROFESSIONAL CATEGORY (B) ☐

Professional Association:

REGISTRATION FEE ☐

Professional Category B Only

Copy of Bank Transfer:

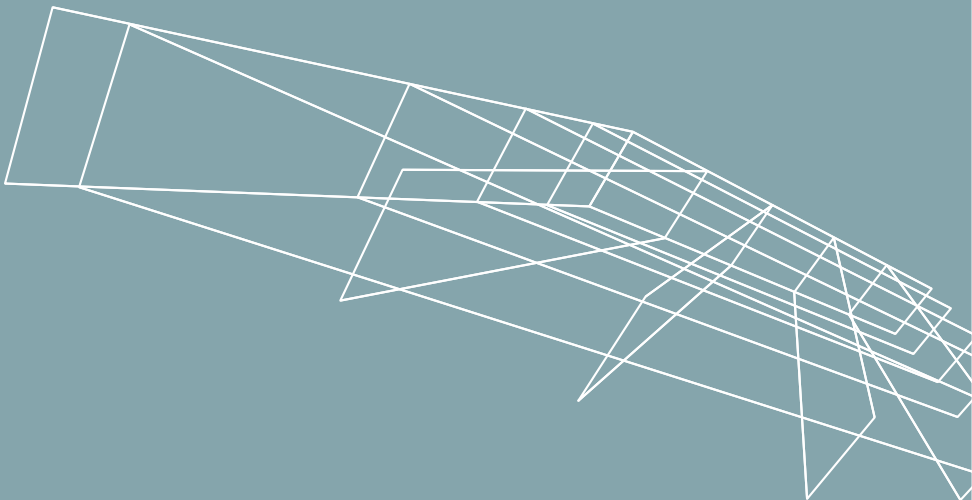
This entry form should be completed in **BLOCK CAPITALS**
and sent together with required documents to:

Mediterranean Architectural Competition
16 Himaras Street
GR-151 25 Maroussi
Greece

to arrive NOT LATER THAN 14 JANUARY 2003

SIGNED:

DATE:



NB: This form may be photocopied.