

**VIDEO LAB**

**WORKSHOP IN ANIMATION FILM**

AUGUST FROM 03 TO 07, 2015

**REGISTRATION FORM**

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| 1. IDENTIFICATION |
| NAME |
|  |
| DATE OF BIRTH |
|  |
| ADDRESS |
|  |
| POST CODE |
|  |
| (CELL)PHONE |
|  |
| E-MAIL |
|  |
|  |
| 2. SCHOOL |
| NAME OF SCHOOL |
|  |
| YEAR |
|  |
| COURSE |
|  |
| 3. EXPLAIN THE REASONS FOR PARTICIPATING AT THIS VIDEO LAB |
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Fill in this Registration Form and send it by email, until **15 of July 2015**, to: [docs@filmesdohomem.pt](mailto:docs@filmesdohomem.pt)

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| logo-AO-NORTE | Logo_Melgaco_fichas |
| AO NORTE  ASSOCIAÇÃO DE PRODUÇÃO E ANIMAÇÃO AUDIOVISUAL  Praça D. Maria II, n.º113, R/C  4900-489 Viana do Castelo  Tel.: +351 258 821 619  ao-norte@nortenet.pt  www.ao-norte.com | CÂMARA MUNICIPAL DE MELGAÇO  Largo Hermenegildo Solheiro  4960-551 Melgaço . Portugal  Tel.: +351 251 410 100  Fax: +351 251 402 429  geral@cm-melgaco.pt  [www.cm-melgaco.pt](http://www.cm-melgaco.pt) |