



6th symposium of sculpture in Differdange From may 31st to june 11th 2017

Registration Form

Name and First Name: _____

Address : _____

Zip Code : _____

City/Country : _____

Tel : _____

Fax : _____

E-mail : _____

I declare the present project has never been realized before. I agree to respect all the terms in the rules of the symposium.

The registration form must be sent in with your file before **january 31st 2017**

Signature : _____

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