



Exchange of Good Practices "CLOSER WHILE DISTANCING"



PARTICIPATION FORM

First name/last name:.....

Contact :.....

School name:.....



TITLE OF YOUR PRESENTATION:

SHORT DESCRIPTION:



By filling in this form, you give your consent to the organizers to use your personal data strictly for the purposes of the contest as in line with the GDPR rules, being entitled to revoke your consent at any moment with effects for the future.

DEADLINE: 19.11.2021