



APPLICATION FORM FOR GA 2006 PORTUGAL

Please fill in the Application Form in CAPITAL LETTERS, except email address (write it as it is).

1. Applicant's Information

Last name:

First name(s):

Address:

Postal code:

City:

Country:

Telephone number:

Mobile Number:

Passport Number:

Date of Birth:

E-mail:

For any future information you need to send me about FEJS and its events, it is enough for me to get them by e-mail:

- Yes
- No

I need a VISA to come to Portugal:

- Yes
- No

I would like to participate in touristic part on the 13th November in the afternoon (**the price is 25 euro and it also includes another night with breakfast at the hostel**):

- Yes
- No

Dietary requirements (vegetarian etc.):

Other Requirements:

Important:

Your Application must be submitted to the FEJS Supervisory Board **before 6th October 2006** by email. Send it to



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2. Teaching Institution information:

School/Faculty name: _____

University name: _____

Journalism Department contact person: _____

Contact Person's E-mail: _____

University Website: _____

University Address: _____

Postal Code and City: _____

Country: _____

Phone: _____

Fax: _____

Status (to be filled in by Contact Person and SB):

- Delegate
- Contact Person
- Member of Supervisory Board
- Member of Organising Committee
- Member of Secretariat
- Guest

This is my first time in an FEJS event:

- Yes
- No, I've already participated in

There is an FEJS group at my school:

- Yes
- No

I have contacted the FEJS Contact Person/Local Group in my country:

- Yes
- No
- There is no FEJS Contact Person/Local Group in my country

Date and Signature of participant



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