

## FOR THE ORGANIZING COMMITTEE

Entry #	Frame #	# Frames	Remarks	First Time Synopsis
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

## FOR THE EXHIBITOR

<b>01</b> Surname <input type="text"/>	<b>02</b> First name <input type="text"/>	<b>03</b> Pseudonym <input type="text"/>
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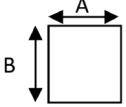
<b>04</b> Email <input type="text"/>	<b>05</b> Telephone <input type="text"/>
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<b>06</b> Street address, postcode and city <input type="text"/>	<b>07</b> Country <input type="text"/>
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<b>08</b> Title of the exhibit <input type="text"/>	<b>09</b> Exhibition Class <input type="text"/>
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<b>10</b> Short description of the exhibit <input type="text"/>	<b>11</b> No. of frames requested <input type="text"/>
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<b>12</b> Sheet size
A4 <input type="checkbox"/> A3 <input type="checkbox"/>
A = <input type="text"/> cm
B = <input type="text"/> cm



<b>13</b> Year of birth <input type="text"/>
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Required for Youth Class, only

<b>14</b> Past Awards received at national, Nordic or international exhibitions	Exhibition name	LG	G	LV	V	LS	S	SB	B
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>15</b> First time at national exhibition <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>16</b> I confirm acceptance of all relevant Nordic and FIP regulations and the Savofila 2021 IREX <input type="checkbox"/>	<b>17</b> Date <input type="text"/>
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<b>18</b> Remarks <input type="text"/>
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<b>19</b> I confirm that the above information is correct <input type="checkbox"/>	<b>20</b> Date <input type="text"/>
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A digital version of this form shall be sent by 31 May 2021 to [risto.pitkanen@pp9.inet.fi](mailto:risto.pitkanen@pp9.inet.fi)