



# ENTRY-LEVEL

## ENTRY-LEVEL COURSE OF ILLUSTRATION FOR PUBLISHING

### APPLICATION FORM

send it filled out with the copy of the payment to:  
*info@arsinfabula.com*

I would like to register for the Entry-Level course of illustration for publishing for the year \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_

City \_\_\_\_\_ Street \_\_\_\_\_

telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I have read and approved the regulation

Date and signature \_\_\_\_\_

