

 **Association of Fine Artists of Montenegro**

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| **NAME AND SURNAME** |   |
| **Date of birth** |  |
| **Address** |  |
| **Tel.** |  |
| **E-mail** |  |
| **BRIEF BIOGRAPHY** |  |
| **ABOUT PROJECT** |  |
| **Attachments** |  |

**APPLICATION FOR THE RESIDENCY PROGRAM CITE DES ARTS**

 DATE:\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_