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ACTIVITY SIGNUP FORM

Please mail the completed form to info@at-coalition.org

I agree to the Terms and Conditions - Section II of the AUDIOVISUAL TRAINING COALITION – ATC and confirm my activity signup application with my signature below.

Name of activity: _____

Date(s) of activity (d/m/y): _____

Name of organisation: _____

FOR ATC MEMBERS

Name: _____

Position: _____

E-mail address: _____

Tel: _____

Invoice details: _____

DATE (d/m/y) _____

SIGNATURE _____

FOR NON ATC MEMBERS

Name: _____

Position: _____

E-mail address: _____

Postal address: _____

Tel: _____

Website: _____

Invoice details: _____

DATE (d/m/y) _____

SIGNATURE _____