**NOMINATION/APPLICATION FORM**

**Justice for Roma and Sinti – a challenge for churches” Budapest 9-11 March 2020**

**Please send back to** [**info@ccme.be**](mailto:info@ccme.be) **by 10th February 2020**

**KIND REMINDER: PLEASE NOTE THAT YOU WILL ONLY BE A PARTICIPANT OF THIS EVENT AFTER RECEIVING CONFIRMATION FROM THE CCME OFFICE !!!! WE THERFORE ADVISE NOT TO MAKE ANY TRAVEL ARRANGEMENTS PRIOR TO RECEIVING CONFIRMATION**

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**ABOUT YOU**

I wish to attend the conference !

Mr/Mrs/Ms (Dr.?)

Job Title

Organisation/church

Address

Telephone Fax

Email

Are you under the age of 30 ? YES /NO

Will you require a visa for Hungary ? YES/NO

**ABOUT YOUR INTEREST/MOTIVATION**

Why do you want to participate in the conference ?

How does the conference relate to the work you are doing or want to be doing?

**ABOUT PRACTICALITIES**

I request a single\*/double\* hotel room to be reserved for me from **\_\_\_\_\_\_** to **\_\_\_\_\_** March 2020 (= \_\_\_\_ nights)

I require no hotel reservation. \*

I will cover the travel costs\*\* / I need a travel costs contribution of\_\_\_\_\_\_€.

I will pay the participation fee (150€)\*\* in full/ only\_\_\_\_\_\_€.

Date and estimated time of arrival\*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date and estimated time of departure\*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Special dietary requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT YOUR DATA**

I agree/do not agree that my email appears on a public participants´ list

I agree/do not agree that pictures and videos of me may be taken at the event and used for non-commercial purposes by the organisers

I authorize/do not authorise the use of my personal data in accordance with Regulation (EU) 679/16 (General Data Protection Regulation)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* Please complete or delete as appropriate.*

*\*\* Those who want to apply for support from CCME, please contact the Secretariat asap to avoid last minute expensive arrangements and do NOT make any booking without prior authorisation.*