|  |
| --- |
| Full Name: Nationality:Date of birth:Gender:Address:Email: Past or present Institution:Name of Teacher: |

## HAVING READ THE RULES, I DECLARE I HAVE ACCEPTED ALL THE REGULATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

*Please pay a Registration Fee for the* ***Section A******AUS$165*** *by following this link****:***

<https://www.trybooking.com/BPPCP>