

REGISTRATION FORM

First Name: _____

Last Name: _____

Museum: _____

e-mail (please print clearly):

I am:

- a member of CIPEG
- a non-member
- a student
- an accompanying person

If you are not currently a member, what can we do to make ICOM-CIPEG membership more attractive to you?

Please send this form to:

Tine Bagh, tiba@glyptoteket.dk; cc. Daniela Picchi, daniela.picchi@comune.bologna.it