

5TH National Photo Contest for Doctors and Medical Students

Entry Form

Student Entry Form

Please fill in with capital letters or on the computer.

1. Emblem:
2. Author's Name and Surname:
3. Author's Address:
4. E-mail Address:
5. Phone Number:
6. Medical university:
7. Faculty:
8. Titles of the submitted photographs (mark if the photograph is a part of a series):
 1.
 2.
 3.
 4.
 5.
 6.

I hereby state that that the photographs submitted to the contest have been taken personally and that I am the sole proprietor of the copyrights to the works, as well as that the works do not infringe third party or material rights and that I possess the consent of the portrayed persons forthe publication of their images

I hereby grantthe right to use the photographs free of chargein the contest promotional materials and their publication on the organizer's website.

I hereby give my consent for my personal data to be processed by Lubelska Izba Lekarskawith its registered seat in Lublinatul. Chmielnej 4, in accordance with the Personal Data Protection Act dated 29thAugust 1997 (Journal of LawsNo 133, item 883) for the purpose of V National Photo Contest for Doctors and Medical Students.

Date and Signature