

RESIDENCIES IN ASIA 2007

Applicant Details

Category Please select only one	<input type="checkbox"/> Arts Management <input type="checkbox"/> Literature <input type="checkbox"/> Performing Arts <input type="checkbox"/> Visual Arts/Craft
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other
First Name:	
Surname:	
Year of Birth:	
Address:	
Suburb:	
State and Postcode:	
Phone:	
Fax:	
Email:	
Art Practice / Genre:	
Language other than English	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify.....
Do you have Australian citizenship or residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hosts and Countries of Interest: (In order of preference if applicable)

1. _____
2. _____

**Please include this form at the front of your application.
Please do not bind or staple your application.**

Please return my application material: _____ (please specify)
Supporting documentation (eg audio/visual material) will only be returned if indicated here and return postage is included.

Please tick if you do not wish to be included on Asialink's email list in the future