

Maison Borel Foundation

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Last name :

First name :

University qualification(s):

Current position (kindly indicate with which institution: university or museum) :

Date of birth :

Gender : M ☐ F ☐

Nationality(ies) :

Postal address :

Phone fax :

E-mail :

Intended research project for residency at the Maison Borel Foundation:

Duration of residency (minimum 1 week) : week(s) ou month(s) (kindly underline appropriate option)

Desired dates (residencies generally start on Mondays) :

from to or

from to

Special remarks :

Place and date: :

Signature