



STUDENT / YP REGISTRATION FORM

STUDENT/YP INFORMA	TIONS:			
TEAM NAME :				
REFERENCE CONTACT NAME	:			
SURNAME :	_ ; NAME :		_ ; NATIONALITY :	; AGE:
RESIDENCE : CITY	;	ADDRESS		
PHONE NUMBER :		; E-MAIL: _		
SURNAME :	_ ; NAME :		_ ; NATIONALITY :	; AGE :
RESIDENCE : CITY	;	ADDRESS		
PHONE NUMBER :		; E-MAIL: _		
SURNAME :	_ ; NAME :		_ ; NATIONALITY :	; AGE :
RESIDENCE : CITY	;	ADDRESS		
PHONE NUMBER :		; E-MAIL: _		
SURNAME :	_ ; NAME :		_ ; NATIONALITY :	; AGE :
RESIDENCE : CITY	;	ADDRESS		
PHONE NUMBER :		; E-MAIL: _		
By submitting this Registration	on Form, We w	ish to become a F	Participant of the Contest,	and We hereby declare that :
WE READ AND ACCEPT THE	CONTEST GUID	ELINES		
WE ARE ACTIVE AGIC AND	CICC MEMBERS			
☐ WE ARE RESIDENT IN CHIN	NA FOR AT LEAST	Γ ONE SEMESTER D	URING THE CURRENT ACADE	MIC YEAR
☐ AGED UNDER 30 YEARS OL	.D			
ANNEXED FILES:				
PASSPORT COPY				
AGIC MEMBERSHIP CARD	COPY			
CCIC MEMBERSHIP CARD	COPY			
ABSTRACT (max. 200 wo	ords)			
VIDEO-PITCH (max 2 min	utes)			
PLACE & DATE		REFERI	ENCE CONTACT SIGNATURE	

ignite@assogic.com

AGIC Shanghai

PLEASE SEND THIS REGISTRATION FORM VIA E-MAIL TO:

Istituto Italiano di Cultura Shanghai 989, Chang Le Road The Center, 19 Floor 200031 Shanghai, PRC