Submission form
Superscape 2024

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2024

project title: _____

_____

_____

participant:

first name _____

surname _____

e-mail _____

nationality _____

place of residence _____

address* _____

phone number* _____

academic subject** _____

academic qualification/title _____

issued by _____

Data protection declaration

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date _____

signature _____

* optional

** architecture, landscape architecture, urban planning or design from a university or academy studied to degree level

other team members
(name, surname, e-mail-address*, further information*)

*optional

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