



**Personal Information**

Surname  First Name

Street  House number  Apartment number  Postal code

City  Country  Nationality

Telephone number  E-mail

**Submission**

	Title of poster (in English)	Title of poster (original)	Year	Printing technique	Publisher	Dimensions in cm (width & height)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare that I have read the Regulations of the 26th International Poster Biennale in Warsaw and accept the terms and conditions.

Date and signature

\*Cut the label and affix it in the upper-right corner of a poster, on the back.

**Main Competition**

International Poster Biennale in Warsaw

Academy of Fine Arts in Warsaw

Surname  First name

Title of poster (in English)

Title of poster (original)

Year  Dimensions in cm (width & height)  Printing technique