

**The 1st International
Cartoon Festival
on “International Quds
(Jerusalem) Day”**



APPLICATION FORM

كد شرکت کنندہ:

**DO NOT
WRITE**

PERSONAL DATA OF THE PARTICIPANT (CARTOONIST):

Nationality:

Sex: Male Female

Name:

Surname:

Passport Number:

Date of Birth:

Level of Education:

Field of Study:

City and Country of Residence:

Address (including postal code):

Phone Nao.

Cell Phone No.

Email:

DETAILS OF THE WORK (CARTOON):

Name of the Work:

Number of the Work:

I am applicant for participation in the:

Main section: “**International Quds (Jerusalem) Day**”

Special section: “**Takfirist movements with the intension of pushing Palestine into oblivion**”

Remarks:

I, _____, would like to apply for participation in this festival and accept its rules and regulations.

Date & Signature:

For more information please contact the Secretariat:

Email: cartoon@islamicartz.com

Tel: (0098 25) 32131250

Fax: (0098 25) 32131250

Website: www.islamicartz.com/festivals

