**REGISTRATION FORM**

**FOR THE SEMINAR "ON UNDERSTANDING CHANGE IN SOCIAL PROJECTS"**

**Museum of the History of Polish Jews, ul. Anielewicza 6, Warsaw**

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| --- | --- |
| First and last name: |  |
| Telephone: |  |
| E-mail address: |  |
| Why do you want to participate in the seminar? |  |
| Where do you work? At what institution/organisation? |  |
| What social change projects do you know and find inspiring? |  |
| Specify your English language skills |  |

**Statement**

I give a consent to the processing of my personal data for the aforementioned purposes by the Museum of the History of Polish Jews. I have been notified that such data is provided voluntarily and that I have the right to control the processing of data, the right to access the content of my data and to correct it.

Signature:

**Send the form to address:** [amajewska@polin.pl](mailto:amajewska@polin.pl) until Monday, 5 October 2015, 12.00.