**Application Form**

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| **Personal Data** | | | | | | | | | |
| **Name** |  | | | | **Surname** |  | | | |
| **Degree** |  | | **E-mail** |  | | | **Phone number** |  | |
| **Study** | | | | | | | | | |
| **University** | |  | | | | | | | |
| **Faculty, department** | |  | | | | | | | |
| **Doctoral programme / Branch of Study** | |  | | | | | | **Grade** |  |
| **Title of dissertation thesis** | |  | | | | | | | |
| **Contribution** | | | | | | | | | |
| **Title of Contribution**  **(max. 100 characters)** | |  | | | | | | | |
| **Field of Contribution** | | ***Delete/strike out where not applicable:***   * **Medieval art** * **Art of Renaissance** * **Baroque Art** * **Art of 19th, 20th and 21st century** * **Theology** * **History** * **Literature** * **Music** * **Other or specification:** | | | | | | | |
| **Abstract of Contribution (max. 1800 characters)** | | | | | | | | | |
| **Three questions about your contribution which could arouse interest (propagation of the conference)** | | | | | | | | | |

**By sending this document I grant my consent for Catholic Theological Faculty. Charles University, registered office at Thákurova 3, 160 00 Prague 6, to process my personal data to the extent needed for the preparation of the konference for a period of 5 years.**

**For more information see:** [***https://www.cuni.cz/UKEN-804.html***](https://www.cuni.cz/UKEN-804.html)