

SARA MATEU

Conservation & Restoration of Paintings

CONSERVATION WORKSHOPS

Inscription form

Personal Information

Please, fill up all the fields. We will not share your personal information with third parties or bother you with spam correspondence.

Name			Gender	□ Male	□ Female	
Family Name E-mail			Phone			
				Please, use tl	he international prefix	
BACKGROUND & INSCRIPTION						
We wish to offer you a personalized learning experience. Please, answer the following questions so we can adapt the content of the workshop to your needs.						
ARE YOU A CONSERVATOR? Answer even if you are still in training		☐ Yes, I am a conservator of				
		🗋 No, I am a 🗌				
CHOOSE THE CATEGORY THAT APPLIES TO YOU: You can check many if it is your case						
□ Museum Personnel				Name your museum		
□ Freelance				Name your studio		
□ Teacher				Name your school		
				Name your subject		
□ Student				Name your schoo	1	
				Name your year		
Choose a workshop						

What is your background in the subject of the workshop?

Is there any particular aspect that you would like to explore during the workshop?