			Registration form: (complete and send the form to tomorrow@bsa-fas.ch)
			Name / Surname
_			/
t	0	m	Date of birth (not before 1990)
			//
			Street
0	r	r	
U	•	•	Postcode, City
			Phone number
0	W	?	
			Architecture students: School of attendance
			Graduate architects: School of graduation