

Registration Form

NAME

TRADE NAME TO BE PUT ON THE BANK

ADDRESS

MOBILE PHONE

E-MAIL

ACTIVITY/ PRODUCTS TO BE EXHIBITED ¹

NUMBER OF PEOPLE/ SELLERS

NEED FOR LIGHT POINT

THE PERSONAL DATA REQUESTED IN THIS APPLICATION IS INTENDED FOR THE PURPOSE(S) EXPRESSED IN IT, AS WELL AS FOR STATISTICAL OR HISTORICAL PURPOSES, WITH THE MUNICIPALITY OF GÓIS BEING RESPONSIBLE FOR THEIR PROCESSING. WE MAY NEED TO SHARE YOUR DATA WITH THIRD PARTIES TO COMPLY WITH CONTRACTUAL RELATIONSHIPS OR ARISING LEGAL OBLIGATIONS. FAILURE TO PROVIDE DATA MAY RESULT IN THE PROVISION OF THE SERVICE BEING PREVENTED. YOU CAN EXERCISE THE RIGHTS OF INFORMATION, ACCESS, RECTIFICATION, DELETION, LIMITATION OF PROCESSING, PORTABILITY, OPPOSITION VIA EMAIL RGPD@CM-GOIS.PT. FOR MORE INFORMATION SEE THE MUNICIPALITY'S PRIVACY POLICY.

☐ I DECLARE THAT I ACKNOWLEDGE AND ACCEPT THE RULES OF PARTICIPATION.

I DECLARE THAT I AUTHORIZE THE USE OF MY DATA, BY THE TOURISM AND CULTURAL ACTION SERVICE, FOR FUTURE CONTACTS WITHIN THE CONTEXT OF OTHER INITIATIVES OF THE MUNICIPAL CITY OF GÓIS.

☐ YES ☐ NO

I DECLARE THAT I AUTHORIZE THE CAPTURE, USE AND DISSEMINATION OF IMAGE/VIDEO AND SOUND COLLECTED BY THE MUNICIPALITY OF GÓIS IN THE CONTEXT OF CONDUCTING TESTS, EVENTS AND SHOWS AND WHICH PURPOSE IS EXCLUSIVELY FOR THE PRODUCTION OF NEWS RELATED TO THE ACTIVITIES CARRIED OUT BY THE MUNICIPALITY, AS WELL AS THE PROMOTION THESE, THROUGH THE INSTITUTIONAL WEBSITE, ON ITS SOCIAL NETWORKS, POSTERS, MUNICIPAL BULLETIN, MEDIA AND OTHER MEANS OF COMMUNICATION.

☐ YES ☐ NO

REGISTRATION DATE: ____/____/2025

Signature:

(TO BE COMPLETED BY THE ORGANIZING COMMITTEE)

RECEIPT DATE: ____/____/2025

REGISTRATION NO.: _____

THE EMPLOYEE

NOTE: AFTER COMPLETING IT DUELY, YOU MUST SEND THIS REGISTRATION FORM TO THE EMAIL ADDRESS: TURISMO@CM-GOIS.PT OR DELIVER IT IN PERSON TO THE MUNICIPAL TOURISM OFFICE

¹ The participants must be responsible for their support equipment.

