

Form for Participation

COST Action CA23145 – CitySenZ **Workshop on DATA COLLECTION AND ARCHIVING**

Venue: Chişinău, Moldova

Dates: 6-8 April, 2025

Duration: 3 days

1. Personal Information

- **Full Name:**
- **Affiliation / Institution:**
- **Country:**
- **Email Address:**
- **Phone Number (optional):**
- **COST Role:**
 - ☐ MC Member
 - ☐ WG2 Member
 - ☐ STSM Contributor
 - ☐ Not Yet Registered (interested participant)

2. Participation Proposal

A motivation statement (max. 500 words) describing your expertise in ambiance, your interest in data collection and archiving, and how you will contribute to WG2 throughout the workshop and afterwards.

3. Relevant Background

- **Have you participated in Working Group activities before?**

☐ Yes

☐ No

If yes, briefly describe your involvement:

- **What thematic areas of WG2 are most aligned with your work?**

☐ Urban and architectural case studies

☐ Digital platforms / metadata

☐ Sensory mapping

☐ Participatory archiving

☐ Artistic documentation

☐ Other: _____

DATA COLLECTION AND ARCHIVING

- **Special experience with (any) data collection?**

☐ Yes

☐ No

If yes, briefly describe your involvement:

4. Logistics & Accessibility

- **Are you a local participant?**

☐ Yes (residing in or near the host city <100km)

☐ No

- **Would you require COST travel reimbursement to attend?**

☐ Yes

☐ No

- **Do you have any accessibility or dietary requirements we should be aware of?**

5. Consent

- ☐ I agree to have my data used for event coordination under the COST Action guidelines
- ☐ I allow my name and affiliation to appear in a public participant list
- ☐ I would like to be considered for future STSMs and other grants or *CitySenZ* outputs
- ☐ I consent to photo and video capture during the event and to the use of these materials for reporting and publication on the CA23145 Action website and official channels (digital/print). I understand I can withdraw consent at any time by contacting the organizers, noting this won't affect materials already published.
- ☐ I do **not** consent to photo and video capture/use.

How to Submit

Fill in and return this form to: rodrigues.ineslima@gmail.com, dshach-pi@staff.haifa.ac.il