

EVPWEEK #3 MARCH 21-28, 2010 IN MARLBOROUGH, UK
EUROPEAN VOCAL TRADITIONS AND ARTISTRY: SHARING OUR TEACHING DIVERSITY

REGISTRATION FORM

Country _____ EVTA association _____

TEACHER

Name _____

Male ___ Female ___ Nationality if other than country _____

Postal Address: _____

Mobilephone: _____ E-Mail: _____

Where do you teach? private studio ___ University ___ music school ___ (Please check)

Years of teaching experience: _____

Optional Theatre Outing (10GBP + 15GBP per person) Yes ___ No ___

Special dietary requirements: _____

STUDENT

Name:

Male ___ Female ___ Nationality if other than the country _____

Postal address _____

Mobilephone: _____ E-Mail: _____

Age: _____ Voice type: S ___ A ___ T ___ B ___

Level of study: beginner ___ 3 + years of lessons ___ university ___

Main style: Classical ___ Music Theatre ___ CCM ___ (Please check)

Optional Theatre Outing (10GBP + 15GBP per person) Yes ___ No ___

Special dietary requirements: _____

PLEASE SEND TO EUROPEAN VOICE TEACHERS ASSOCIATION,

c/o SEBASTIAN BIELICKE, FRÖBELSTR. 6, D-25421 PINNEBERG, GERMANY)