



#2 STOCKHOLM - REGISTRATION FORM

Country _____ EVTA Association _____

TEACHER

Name _____

Male _____ Female _____ Nationality if other than country represented _____

Postal Address: _____

Mobilephone: _____ E-Mail: _____

Where do you teach? private studio _____ university _____ music school _____ (Please check)

Years of teaching experience: _____

STUDENT

Name _____

Male _____ Female _____ Nationality if other than country represented _____

Postal Address: _____

Mobilephone: _____ E-Mail: _____

Age: _____ Voice type: S _____ Mezzo _____ A _____ T _____ Bar _____ B _____

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

Main style: classical _____ popular music _____ (Please check)

Please email the completed form to: wagner@evta-online.org