**Registration Form of the 15th Dalcroze Eurhythmics International Workshop**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | Profession | |  | |
| **Address** |  | | | | | | |
| **Instruments played** |  | | | | | | |
| **Dalcroze**  **Experience** |  | | | | | | |
| **Phone** |  | | | | E-mail |  | |
| **Did you register in the certification program of Hansei University?**  **Yes( )/No( )** | | | | | | | |
| **Please tick your level and select 2 sessions which you want participate.** | **B3** |  | **The Dalcroze Method for String Player** | | | |  |
| **B2** |  |
| **An Attempt to Experience Jazz Swing Style through Dalcroze** | | | |  |
| **B1** |  |
| **Improvisation in a Romantic style** | | | |  |
| **A2** |  |
| **Making Musical Fairytale Using Dalcroze Piano Works** | | | |  |
| **A1** |  |
| **Use Dormitory**  **(please tick)** | **yes ( ) no ( )** | | | | | | |

I would like to participate in the 15th Dalcroze eurhythmics workshop in Hansei University from Jan 16th to Jan 21th.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_