**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_