**REGISTRATION FORM**

**SEMINAR FOR CHOIR CONDUCTORS**

Zagreb, 20. – 21. 9. 2025.  
leader: Petra Grassi

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| --- | --- | --- | --- |
| 1. **PARTICIPANT INFORMATION** | | | |
| **Name and surname:** |  | | |
| **Address (Country):** |  | | |
| **E-mail:** |  | | |
| **Phone/mobile number:** |  | | |
| 1. **ORGANIZATION INFORMATION (choir where the participant is active)** | | | |
| **Name:** |  | | |
| **Address (Country):** |  | | |
| **E-mail:** |  | | |
| **Phone/mobile number:** |  | | |
| 1. **Type of participation:** | **ACTIVE** | | **PASSIVE** |
| 1. **Are you applying for co-financing for the travel expenses for Seminar?** | **YES** | | **NO** |
| 1. Brief description of previous experience in choir conducting (score reading, level of musical education, years of experience, etc.): | | | |
|  | | | |
| (Location and date) | | (Signature of the responsible person) | |