**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) |