

APPLICATION FORM
THE BREATHING SPACE
Michael Chekhov International Workshop, May 2019

Name: Age:

Address:

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City: Postal code:

Country:

Phone: Mobile:

E-mail:

Education / artistic experience:

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Experience in the Michael Chekhov Technique:

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I wish to register for the

THE BREATHING SPACE - Michael Chekhov International Workshop
15–19 May 2019 at SfSH Hamburg, Germany

I shall pay **€ 450,--** (application after March 31st) / **€ 420,--** (application before March 31st)
to the following account (with my name on it):

Michael Chekhov Europe e.V., Eisenbahnstrasse 21, D-10997 Berlin

Bank: Landesbank Berlin - Berliner Sparkasse

Account number: IBAN: DE70100500000190265264 / BIC: BELADEVB33XXX

Mentioning 'Workshop Hamburg May 2019'

I know that the organizers are not liable for any claims regarding loss or theft of valuables, or in cases of accidents, injuries, harm or illness during the workshop or on the way to or from the working space. I accept that I have to take care of my own insurances, because the organizers will not insure participants.

I wish to receive accommodation assistance. I do not need accommodation assistance.
(please tick!)

Date: Signature:

*Please send this form to: Ulrich Meyer-Horsch, Arnoldstrasse 77, 22763 Hamburg, Germany,
or mail it signed to umeyerhorsch@gmx.de*