



First Name

Last Name:

Gender: Male Female	Date of birth:
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Nationality:

Address:

Street:

City:

Zip Code:

Country:

E-mail (Personal web site):

Tel/fax:

Instrument:

Type of participant: Active Passive

Place where you study or work:

Health or mobility conditions that we need to know about:

Are you vegetarian / do you have any dietary needs? :

Chamber music previously studied / performed:

Information about your individual travel plans:

Day and time of arrival	Day and time of departure:
Time of arrival:	Time of departure:
Place of arrival:	Place of departure:
# of flight:	# of flight:

Extended stay (before and after courses)	
Early arrival:	
Extra night:	
Extend stay accommodation prices If any of the participants wish to book extra days at the hotel, before July 10 or after the 20 th , the payment of those extra days will have to be paid directly to the hotel, although CAMBERart can make the reservations of the extra days if you wish.	

How did you hear about CHAMBERart?

Internet Advertising Friend

Faculty - please name:

Other – please write source:

NOTE: If you are under 18, please include parental permission with your application:

DATE:

SIGNATURE: