

# CHAMBER *art*

MADRID 2020

First Name

Last Name:

Gender: Male Female

Date of birth:

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: (only if you have it reserved)**

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:	
<b>Extend stay accommodation prices</b>  If any of the participants wish to book extra days at the hotel, before July 10 or after the 20 <sup>th</sup> , the payment of those extra days will have to be paid directly to the hotel, although CHAMBERart 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:**