

APPLICATION FORM
PSYCHOLOGICAL GESTURE
Michael Chekhov International Workshop October 2018

Name: Age:

Address:

City: Postal code:

Country:

Phone: Fax:

E-mail:

Education / artistic experience:

Experience in the Michael Chekhov Technique:

I wish to register for the

**Michael Chekhov International Workshop:
PSYCHOLOGICAL GESTURE
6–10 October 2018 in Hamburg, Germany**

I shall pay **€ 420,--** (application before September 5th) / **€ 450,--** (application after September 5th)
to the following account:

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

Bank: Landesbank Berlin - Berliner Sparkasse

Account number: IBAN: DE70100500000190265264 / BIC: BELADEBEXXX

Mentioning 'Workshop Hamburg October 2018'

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 as a signed PDF to umeyerhorsch@gmx.de*