

**Dalcroze Eurhythmics International Conference 2014**

**Application Form**

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| Family Name Given Name Middle Name | | | | |
| Current Address  Zipcode　　　　　　　　　　　　　　　　　　　 　Country | | | | |
|
| Phone | | | | |
| E-mail Address | | | | |
| Occupation | | | | |
| Courses  □ **A**　　　　　□　**B**　　　　 □　**C** | | | | |
|
| Workshop (WS) / Demonstration (D)  Choose up to 3 contents for each day and fill in the chart below in order of preference | | | | Reception Party    □Yes, will attend  □No, will not attend |
|  | 1st choice | 2nd choice | 3rd choice |
| WS：Aug. 17 |  |  |  |
| 18 |  |  |  |
| 20 |  |  |  |
| D： Aug. 19 |  |  |  |

**[Application]**April 10－June 10, 2014. Please note that the application deadline may

be moved forward or closed as soon as the number of participants are filled.

Fill in the application form and send it by E-mail.

E-mail：dsjtokyo2014@yahoo.co.jp

**[Payment]** Tuition and Reception Party fees are payable at the reception desk on the first day of the conference. Payment is accepted only in Japanese Yen cash.