**APPLICATION FORM**

**COMMUNION WITH THE AUDIENCE**

INTERNATIONAL Michael Chekhov workshop, MARCH 2013

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

International Michael Chekhov Workshop

**COMMUNION WITH THE AUDIENCE – 23 - 27 March 2013, Istanbul, Turkey**

I shall pay

□ € 420,-- (International participants) / □ € 390,-- (registration before Feb.1st)

to the following account:

Altıdan Sonra Yapım Reklam Film Yayın ve Eğit. Hizm. Ltd. Şti.

Address: Kumbaracı Yokuşu No.50 Tünel-Beyoğlu / İstanbul

Bank: Garanti Bankası – Galatasaray Şubesi

**Branch Code:068 Account No: 6296660**

**IBAN: TR97 0006 2000 0680 0009 0800 66**

**SWIFT: TG BATRİS XXX**

**‘Chekhov Istanbul 2013’**

The organizers are not responsible for any claims regarding loss or theft of valuables, or in cases of accidents or illness. I accept that I have to take care of my insurances, because the organizers will not insure participants.

Date: ………………..…….     Signature: ……………….…………..……………………

□ I wish to receive accommodation assistance. □ I do not need accommodation assistance.

(please tick!)

***Please send this form to fax no. +90 212 243 5051 or mail it to atolye@altidansonra.com or send it by mail to Kumbaracı 50, Kumbaracı Yokuşu No.50 /***