

1st PAUL HOFHAIMER ORGAN ACADEMY OF THE STATE CAPITAL INNSBRUCK 29 August - 1 September 2018

Registration
Registration deadline: 1 June 2018 (date of postmark)

First name:			Last name:				
Date of birth:	Place of birth:		☐ male ☐ female	Nationality:			
Address: (Street / House number)							
Postal code:		Town / Country:					
Telephone no:		Cell phone no:		E-Mail:			
Please provide in	detail where	, when and with w	hom you comple	eted your music	education		
		(If additiona	al space is nece	ssary, please us	se the reve	erse side.)	
Are you currently studying with one of the instruction of the instruct			ctors?		□ yes	□ no	
I understand and accept that any false details will exclude me from participation at the Organ Academy.							
Date:		Signature:					



Details of education (continued):