

Registration Form

Choir Name	Country		
Contact Person:	Position:		
Tel:	Mobile:	Fax:	
Email:			
Address:	Postal code:		
Leader:	Tel:	Mobile:	
Conductor:	Tel:	Mobile:	
Choir Biography: 			
Category : <input type="checkbox"/> Professional <input type="checkbox"/> Amateur <input type="checkbox"/> Total number of performers: _____			
Accompaniment : <input type="checkbox"/> Piano <input type="checkbox"/> Other: _____			
Participation: <input type="checkbox"/> Competition <input type="checkbox"/> Showcase Concert <input type="checkbox"/> Master Class/Workshop & Exchange			
Remarks: 			
Signature:	YY	MM	DD