

# Application Form Chiemsee 10

**ARTEM**  
International Feldenkrais Training

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Surname \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

ZIP-Code \_\_\_\_\_ Country \_\_\_\_\_

Mobil \_\_\_\_\_ Landline \_\_\_\_\_

E-Mail \_\_\_\_\_

We pass this information on to the DataBase of the ETAB (European Training Accreditation Board) in which all Feldenkrais students and teachers are listed.

Will you permit to make these details available to share with other training participants e.g. to form carpools

Please select:  yes  no

Are you self-employed, employed or in any other status?

please select:  Employed  Self-employed

Profession \_\_\_\_\_

Mode of payment

Please select:  monthly instalments  yearly  per segment

ARTEM GmbH

Postbank Hamburg

IBAN DE 02 2001 0020 0798 1672 04

BIC PBNKDEFF

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

