

Somatic Movement Teacher Training 2018 presented by Dieter Rehberg, founder of the Method PME and ImPulsTanz - Vienna international Dance Festival Course Registration

The total project fee is €1.580,-

Participants: max. 15

The reservation will be considered only upon receipt of the deposit of EUR 500,-

Please send us your application including this registration form.

Please send all above material to:

ImPulsTanz

keyword: Somatic Movement Teacher Training 2018

Museumstraße 5/21

1070 Wien

Austria

Tel: +43.1. 523 55 58

Fax: +43.1. 523 55 58 9

Email: workshopoffice@impulstanz.com

Payment

Payment of the deposit has to be arranged through international bank transfer. Please note that expenses are to be paid by the remitter! Participants are asked to arrange a Euro transfer to the account stated below:

Holder of account: Wiener Tanzwochen

Bank: Unicredit BankAustria AG

Account: 04270 464 301

IBAN: AT44 1100 0042 7046 4301

BIC/SWIFT CODE: BKAUATWW

The remainder of €1.080,- has to be paid

- either together with the deposit to the above mentioned bank account
- or through bank transfer until 13 July 2018
- or personally in cash at our Workshop Office until 23 July 2018

Cancellation policy

Cancellations from the participant's side can only be accepted until the 22nd of June 2018. In this case a cancellation fee of 40 euro will be withheld and we will refund the already received remaining amount. If you cancel after 22 June 2018 the course fee or deposit cannot be refunded. With the payment of the deposit we reserve your place at the course, this is then binding and commits you to the payment of the course fee.

Dieter Rehberg and ImPulsTanz are entitled to make a final selection about participation. In the case that registrations cannot be considered, the deposit will be refunded.

Important: Please do not forget to bring a passport picture, when you pick up your Somatic Teacher Training pass at the Workshop Office!

Somatic Movement Teacher Training 2018

Application Form

First Name/Last Name:

Sex:

Date of Birth: Place of Birth:

Nationality:

Street/Nr.:

Postal Code: City:

Country:

Phone: Fax:

Email:

Formal education:

Experiences in BodyWork, Dance and Teaching:

Please state your motivation (approximately 1000 characters) for your Somatic Movement Teacher Training participation:

By signing this form you apply for **Somatic Movement Teacher Training 2018** and confirm the correctness of your data. With your signature you also give your consent to a further electronic processing of data and information you provided for an exchange of information.

Date Signature