

Registration for  
**The OMA Improvisation Project**  
**@Berlin Exploratorium**  
*Present-Time Composition (PTC) +*  
*Body/Breath/Voice*

April 5-10, 2020

Family Name, First Name		Date of Birth	
Street		Postal code	
Country		Email	
Telephone		Fax	
Language(s)			
I am a	<input type="checkbox"/> Vocalist <input type="checkbox"/> Instrumentalist		
Instrument(s)			

Please let us know how much experience you have in the following areas to help the workshop leaders prepare, thank you!

- 1 = no prior experience with this method
- 2 = I've already attended 1 or 2 workshops with this method
- 3 = I've already attended 3 or more workshops with this method

Present-Time Composition (PTC)	
Body/Breath/Voice	

**Workshop participation fee = 300 EUR**

**Important!**

**Your registration is confirmed only after your full workshop tuition has been received by the Other Music Academy e.V. bank account and we send you a written confirmation. Thank you.**

Important Information **About Registration Cancellation** -----PLEASE READ-----

Registration may be cancelled only until March 15, 2020. In such cases, Other Music Academy e.V. will refund the fee paid minus 100 €. Cancellations after that date will not receive a refund, UNLESS a "substitute" participant is willing to take the place of the participant who cancelled.

In order for the workshop to take place, a minimum number of registrations must be received by March 15th, 2020. If the minimum number is not reached, Other Music Academy e.V. reserves the right to cancel the workshop.

In such a case, the entire registration fee will be refunded. So please register early to help ensure that the workshops take place. Thank you!

**We highly recommend that you purchase travel and seminar cancellation insurance**, to be sure that you incur no unnecessary costs should your participation not be possible.

**Please note:**

**Multimedia documentation is made of all workshops. With your registration, you grant Other Music Academy e.V. permission to use such documentation for archival and promotional purposes.**

I have read and agreed to the conditions of participation.

I hereby agree that my information (name, email, residence, instrument/vocal range) can be shared with fellow workshop participants and teachers for the purpose of staying in contact as well as advance organization such as shared rides.

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Place, Date

Signature (or signature of a parent or legal guardian)

**PLEASE SAVE THE DOCUMENT BEFORE YOU SEND IT BACK VIA eMAIL, OTHERWISE YOUR ANSWERS WON'T BE SAVED.**