



SUSAN QUINN
SALZBURG EXPERIMENTAL
ACADEMY OF DANCE
INTERNATIONAL CHOREOGRAPHIC EXCHANGE

REGISTRATION FORM Audition 2008

Photo

Family Name:

First name:

Date and place of birth:

Citizenship:

Names of Parents:

Home Address:

Telephone number: E-Mail:

Education:

Professional training:

Artistic education:

Hobbies:

I confirm my participation in the audition on (date), in
(location).....

Where did you hear first about SEAD? (which search machine in the web, friends, which teachers, which magazines, which schools/academies/cultural centers)?

- I am applying for the
- 4 Year Professional Program / first year
 - 4 Year Professional Program/ second year
 - Artists in Practise

Signature:

Please add a text in english, why you would like to study at SEAD and which teacher/s, dancer/s, choreographer/s, style/s has/have inspired you.

Send registration form with **CV, photo and your motivation letter** at the latest until three weeks before the audition to: **Salzburg Experimental Academy of Dance**

**Schallmooser Hauptstraße 48a
5020 Salzburg/Österreich**

Keyword: Audition/artists in process 1st year or 2nd year or Audition/Artists in Practise (with Video/DVD!)