

Pre-Registration 2014

First Name* _____

Last Name* _____

Home Phone* _____

Cell Phone* _____

E-mail* _____

Mailing address* _____

Have you studied the Taubman approach before? _____

If yes, how many years? _____

Name of your current Taubman Teacher, if applicable: _____

I am a teacher at: _____

I am a student at: _____

I would like to be considered to play in a master class. _____

If yes, what repertoire?

I would like to have the following repertoire excerpts discussed in a technique class:

(please fax excerpts to 215.204.5528 by April 15th, or email to mariat264@aol.com)

Personal or Professional Goals in attending the Workshop
