

Michael Chekhov International Academy

Director: Joerg Andrees



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APPLICATION FORM

Michael Chekhov Technique *It works!*

Intensive Training Program

First name: _____

Last name: _____

Date of birth (dd/mm/yyyy): _____

Gender: _____

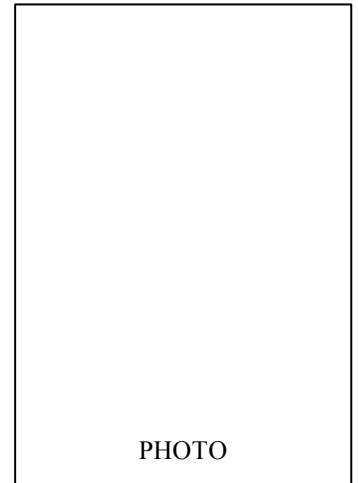
Nationality: _____

Address: _____

E-mail: _____

Phone (mobile and landline): _____

Skype: _____



Education:

Institution	Qualification	Year
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Medical History (if any)
