# Twin Rivers Conducting Workshop

**November 5 – 9, 2025**

## Application form

First Name:_____

Surname (Family name):_____

Nationality:_____

E-mail address:_____

Phone number:_____

Provide 1 - 2 links to online video samples of your conducting, if possible (not required, but encouraged):

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I would like to take part in Twin Rivers Conducting Workshop as:

- ☐ participant
- ☐ observer

By signing below, I hereby give consent for my personal data included in my application to be processed for the purposes of the recruitment process, and also for photos and video of my workshop participation to be used in promotional material for future workshops.

Signature:

_____

Submit by email to **twinriversworkshop@gmail.com**, and attach your CV to that email.

Do not attach video files to the email – only links to online videos (Youtube, Vimeo, etc.) are acceptable.