

ATELIER STOCKHOLM

THE SWEDISH ACADEMY OF REALIST ART

REGISTRATION FORM FOR EVENING COURSES

Name: _____

Street Address: _____

City/Postal (zip) Code: _____

Telephone: _____

E-mail: _____

Personnummer (or Date of Birth): _____

Indicate which course(s) you wish to attend:

For specific information about dates and times, see the Atelier Stockholm website.

Fall semester: _____

Spring semester: _____

Send or e-mail this form to:

Atelier Stockholm Åldermansvägen 10 B, 171 48 Solna Sweden
info@atelierstockholm.se

Tele: 08-730 44 71
www.atelierstockholm.se