

MOKUHANGA INNOVATION LABORATORY (MI-LAB)
Lake Kawaguchi Artist-In-Residence Program
THE REGISTRATION FOR THE PROGRAM

Family Name:	First Name:
Nationality:	Male/Female:
E-mail address:	
Your belonging organization (if applicable):	
In which program are you interested? Please give <input checked="" type="checkbox"/>	
<input type="checkbox"/> Basic Training program (Pay program)	
<input type="checkbox"/> Advanced program (Pay program)	
<input type="checkbox"/> One-week-workshop at CfSHE Gallery (Pay program)	
In which year do you want to participate? Please give <input checked="" type="checkbox"/>	
<input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019	
Please describe any comment on your interest or experience of water base woodblock printmaking and printmaking study if you have.	

* Please send this form by e-mail to: infodesk@endeavor.or.jp