



REGISTRATION FORM (Please answer all questions as it helps us shape the course to the participants' background. Send it by email to [ngma.bengaluru@gmail.com](mailto:ngma.bengaluru@gmail.com).)

Name: \_\_\_\_\_

Contact (Address/Telephone/Email): \_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

Profession: \_\_\_\_\_

How have you become interested in art?

\_\_\_\_\_

Why are you registering for the course?

\_\_\_\_\_

Have you ever been to any exhibitions at the NGMA? Which ones?

\_\_\_\_\_

Have you attended any lectures or events at the NGMA? What are they?

\_\_\_\_\_

What kind of art forms (music, dance, photography, painting, etc.) do you like to experience?

\_\_\_\_\_

\_\_\_\_\_