

EMTA  
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## EMTA Registration Form

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Date:

Last name:	First name:	Middle initial:
Circle one: Male          Female	Home phone:	Mobile phone:
Address:	City:	Postal code:
Country:	Citizenship:	E-mail:

**Montessori School where you work or have worked:**

Name of school:	Position:	Country:

**Montessori training:**

Name:	Location:	Diploma granted:	Degree granted:	Date awarded:

**Annual membership fee: SEK 200,00**

EMTA (European Montessori Teachers' Association)

Account number: 1453 7214

IBAN: SE56 6000 0000 0000 1453 7214

Bic/Swift: HANDSESS