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| **IDO ADJUDICATORS EXAMINATION****REGISTRATION FORM** |

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| *Date of Exam:* | *Location of Exam:* |
| *First Name:* | *Surname:* | *Gender* |
| *Address Line 1:* |
| *Address Line 2:* | *City / Town:* |
| *Address Line 3:* | *State / Province / Region:* |
| *Zip / Postal Code:* | *Country:* |
| *Tel:* | *Mobile:* | *Fax:*       |
| *E-mail:* | *Date of Birth:* | *Country of Citizenship:* |
|  |
| *Disciplines you are qualified to adjudicate, select all that apply:* | Performing Arts [ ]  | Street / Urban Dance [ ]  | Special Couples Dances [ ]  |
|  |
| *In becoming and IDO Adjudicator, I hereby agree to abide by all the IDO Rules & Regulations as specified on the IDO Website, specifically those pertaining to Ethics and Conduct.* |
| *Applicant’s Signature:* | *Date:* |
| *This completed FORM and the completed IDO CV must be sent to the IDO through the National Member Organization’s office of which the applicant resides. After acceptance, the NMO Office will forward the NMO approved form, along with the Applicant’s CV to:**SEN.VICEPRESIDENT@IDO-DANCE.COM* |
| *THE FOLLOWING IS FOR OFFICIAL USE ONLY: must be completed by an authorized representative from the IDO NMO.* |
| *Name:*       | *Position / Title:* |
| *IDO National member Organization:*       | *Seal or Authorized Signature:* |

