



INTERNATIONAL SUNGJADO ASSOCIATION  
ISA SEMINAR FORM  
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Name of Seminar Host: \_\_\_\_\_

Name of School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Seminar:

**CIRCLE those that apply: SUNGJADO or HAPKIDO**

Date of Seminar: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Seminar Location if different than mailing address:

\_\_\_\_\_  
\_\_\_\_\_

Additional Information:

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