## **Registration form**

Name and Surname: Date and Place of Birth: Complete Adress:			
		Phone: E-1	Mail:
		Your Website (optional): www	
I would like to perform one of the following we 1)	orks:		
2) (optional)			
3) (optional)			
I have transferred the processing fee (nonrefu	ndable) of 50 € (fifty Euros) free of charges to the		

recipient to the following bank account: Account Name: Wiener – Krakauer Kultur – Gesellschaft

Account Name: Wiener – Krakauer Kultur – Gesellschaft Name of Bank: Raiffeisenlandesbank NÖ-Wien AG, Baumgasse1, 1030 Wien IBAN: AT413200000105822853 Account Number: 1-05.822.853 BIC / SWIFT: RLNWATWW

Attached to this registration form there is:

- A link to my video or a DVD of approximately 15 minutes in length
- An attachment to this recording with the program, date and place of the recording, collaborating musical partners if applicable
- My curriculum vitae

With my signature I confirm that all the information is correct and that the soloist playing on the DVD is myself. Furthermore, I confirm that the recording is not older than 6 months and that I agree with the terms of participation.

Date:

Signature:

Only for minors: Signature of the legal guardian:

The complete registration information should be sent to the following address: info@soloist.eu

or

Wiener-Krakauer Kultur-Gesellschaft Alois Behr St. 4 1140 Wien Austria