## **Registration form**

Name Surname:	
Date and Place of Birth:	
Complete Address:	
Phone:E-Mail:	
Your Website (optional):	WWW
2) (optional)	
3) (optional)	
recipient to the following ba	Wiener – Krakauer Kultur – Gesellschaft
	r a DVD of approximately 15 minutes in length DVD with the program, date and place of the recording, collaborating
, .	that all the information is correct and that the soloist playing on the e, I confirm that the recording is not older than 6 months and that I cipation.
Date:	Signature:
Only for minors: Signature of	of the legal guardian:
The complete registration in	formation should be sent to the following address:
info@soloist.eu	
or Wiener-Krakauer Ku Alois Behr St. 4 1140 Wien Austria	ltur-Gesellschaft