

## Registration form

Name and Surname: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Your Website (optional): www. \_\_\_\_\_

I would like to perform one of the following works:

1) \_\_\_\_\_

2) (optional) \_\_\_\_\_

3) (optional) \_\_\_\_\_

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