

ANTON SOROKOW VIOLIN MASTERCLASS 4th Edition **REGISTRATION FORM**

ATTENTION: please write the data and information required in capital letters. ALL DATAS ARE MANDATORY!

STUDENT'S DATA

I undersigned _____

Place and date of birth _____

Tax code _____

address _____

City _____ State _____

Mobile/Phone _____ e-mail _____

PARENT'S DATA **(only for under 18 years old)**

Parent or legal guardian of _____

Place and date of birth _____

Tax Code _____

Address _____

City _____ State _____

Mobile/Phone _____ e-mail _____

INSCRIPTION

I would like to subscribe to the "Anton Sorokow Violin Masterclass 4th Edition"

2 Weekends

1 Weekend

11, 12, 13 March 2016 MILANO

13, 14, 15 May 2016 COMO

INFORMATION ABOUT PRIVACY

I hereby unconditionally accept the contents of the regulation of the course, and hereby give the organization the right to use my personal data, in accordance with the provisions of the Italian Legislative Decree, Law 196/2003 (regarding the treatment of personal data).

These data can be used by the QUA_SI Center of the Università degli Studi di Milano-Bicocca to send information to the candidate regarding masters, events, conferences and course organized by the Center. If the candidate does not want to receive these proposals please check the box below.

ACCEPTANCE OF THE RULES

I (Name and Surname of the student or parent) _____ declare to have read and agree to all the rules contained in the document appointed "Course Rules".

OTHER INFORMATION

Professional orchestra experience _____

Musical studies situation _____

ATTACHMENTS Required

I enclose:

- Valid Card Identity (color photocopy front and back)
- Tax Code (photocopy front and back)
- Passport Photo in digital format (color photocopy front and back)
- Artistic Curriculum
- Copy of payment

Place _____ Date _____

Signature
(of the student or parent)
