



APPLICATION FORM (AUDITORS)
Masterclass of Advanced Specialization for Opera Singers
Teacher: Marcello Giordani

FIRST NAME _____ SURNAME _____
Voice category _____ City and date of
birth _____ / _____ / _____ / _____ Nationality _____ City of
residence _____
Address _____ City _____ State _____ Zip code _____
Email _____ Tel _____ / _____ Cell _____ / _____

REQUESTS

to be admitted as Active Participant to the Masterclass of Advanced Specialization for Opera Singers, held by tenor Marcello Giordani, which will take place in Catania from **19 to 24 September 2011**, organized by the Marcello Giordani Foundation in collaboration with the Teatro Massimo Bellini of Catania.

The undersigned _____ has selected the following mode of payment for the participation fee of € 150,00:

- Bank/Postal transfer to: A.S.A.L. ONLUS: Banco di Sicilia (UniCredit Group) Ag.5 Siracusa IBAN: IT 36 W 02008 17105 000300514381. Specify C.R.O. (transaction code) _____
- Postal money order to: Asal.onlus via L. Radice, 11Cap. 96100 Siracusa. Specify Number _____

1. Candidates Auditors must complete and submit this form to masterclass@marcellogiordani-foundation.org, together with the following attachments: brief artistic curriculum; photocopy of proof of identity; receipt of payment for € 150,00.
2. With this document, the undersigned declares to accept unconditionally the contents of the Regulations of the Masterclass of Advanced Specialization, and to grant the organization the authority to use his/her personal data under the provisions of Legislative Decree 196/2003, code regarding the protection of personal data (Law on Privacy).

Date.....

Signature