



Subscription form

"MASTERCLASS"

1st- 3rd October 2013

Category

Surname Name

Birthdate Citizenship

Address

Tel. Mobile Fax

E-mail

Name of ensemble

Teacher

Group members (max5)

Instrument of masterclass

Playing time

Signature of applicant _____ date

Subscription forms must reach the Secretary Office not later than 28th September 2013 to

POSTA: Associazione Culturale ITALIAN ACCORDION CULTURE- Via L. Betti, 24 - 06049 Spoleto PG Italia

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