

REGISTRATION FORM MASTERCLASS 2023

To be completed and sent to segreteria.masterclass@concertando.it

The undersigned*		
Date of birth*//dd/mm/yyyy	_ Town of birth - State of birth*	
Residential address*		
Città residenza*		_ Province* () Cap*
Phone	_ Mob.*	_ E-mail*
REPERTOIRE* (indicate the pieces you inte	nd to present for the Masterclass	
PAYMENT DETAILS		
Payment date*//	Am	ount paid* €/
I ASK TO BE REGISTERED Tick one of the two optionsi At the master's specialization course		
□ At the master's spec	cialization course	
☐ As an auditor of the	Master's courses	
Attachments: Identity document/Passport and payment receipt SIGNATURE		
Place and date		