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| *AVISO Free of Charge Audio Recording Request Form*  | ***Reg. number:***  |

|  |  |
| --- | --- |
| The Service Provideravisoembthe Audiovisual Studio of the Liszt Ferenc Academy of Music1077 Budapest, Wesselényi u. 52.Tel: 462-4660; Fax: 462-4662VAT number: 15308957-2-42Bank account number: MÁK 10032000-01428788-00000000 | The Client’sname: address:  represented by: phone: e-mail:  |
| received: | status of the client: | completion date: | attachment: |

type of order:

|  |  |  |
| --- | --- | --- |
| sound recording, CD | digital HD video recording and editing, DVD/DL-DVD | studio/education equipment, sound system |

Detailed description of the service ordered:

 exact date and time:

execution place:

 max. number

 duration of performers

 local

 (final) rehearsal:

 programme:

service fee, approx. gross amount

estimated type of payment: service price:

megjegyzés:

I, the undersigned, have ordered on this day the service(s) detailed above. I agree to provide the sheet music copies for the demo recordings. I accept the regulations about the recordings (sound, video) and photographs related to the event according to the 17/2019. (IX.24.) rector’s decree and its attachments.

Date: Budapest, 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (The Client)

The above order was accepted at AVISO by:

 (the Service Provider)