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| ***AVISO Discount Video Recording Request Form*** | ***Reg. number:***  |
| **avisoembThe Service Provider**the Audiovisual Studio of the Liszt Ferenc Academy of Music1061 Budapest, Liszt Ferenc tér 8.Tel: (36- 1) 462-4660; Fax: (36- 1) 462-4662E-mail: aviso@lisztakademia.huVAT number: 15308957- 2- 42Bank account number: MÁK 10032000- 01426768- 00000000 |  |
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| **Received:**  | **Administrator:**  | **Reg. no. of order:** | **Job number:** |

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| **Reservation made by** | name: |
| permanent address: |
| temporary address: |
| phone number: |
| e-mail address: |
| department of studies: |
| major (main subject): |
|  |  |
| **The diploma concert’s** |
|  | exact date and time: |
| place: |
| final rehearsal’s date (at the place of the concert): |
| max. number of performers at once: |
| By signing this order form I, the undersigned, hereby acknowledge that I have read and agree to the regulations set in the 17/2019. (IX.24.) rector’s decree and its attachments. I hereby request the discount under the conditions laid down in the 1st attachment of the rector’s decree (“Diploma Concert Discount Rules”), and agree to comply with said rules.Date: Budapest, 20  (signature of the Client)Igazoljuk, hogy a fent nevezett Igénylő tanszékünk és tanszakunk államvizsgára bocsátható hallgatója, a diplomakedvezmény igénybevételét támogatjuk.We hereby certify that the above Client is a student at our Department who has met the criteria to take the final examination, and we support him/her in applying for the diploma discount. (a főtárgy tanár aláírása) (a tanszékvezető aláírása) (signature of the main subject professor) (signature of the Head of Department)Igazoljuk, hogy a fent nevezett Igénylő az Egyetem nappali tagozatos mesterképzésben részt vevő hallgatója.We confirm that the above Client is a full-time student at our University. (Oktatási és Tanulmányi Osztály) (Study Department) |