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

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| The Service Provider  avisoemb  the Audiovisual Studio of  the Liszt Ferenc Academy of Music  1077 Budapest, Wesselényi u. 52.  Tel: 462-4660; Fax: 462-4662  VAT number: 15308957-2-42  Bank account number: MÁK 10032000-01428788-00000000 | | The Client’s  name:  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)