

# APPLICATION FORM

## SOPHIE DERVAUX

### ONLINE MASTERCLASS SERIES II



Active Participant

I am a passive participant and only want to listen.

#### General Information (all participants have to fill this out)

Last name	<input type="text"/>
First name	<input type="text"/>
Gender	<input type="text"/>
Date of birth (mm/dd/yyyy)	<input type="text"/>
Nationality	<input type="text"/>
Street, No.	<input type="text"/>
Postal code, City, Country	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

#### Repertoire (only for active participants)

Please fill in your chosen repertoire for the Online Masterclass Series 1 - Sophie Dervaux below.

Piece / Composer

1.	<input type="text"/>
2.	<input type="text"/>

#### OPTIONAL

I need simultaneous translation into my mother tongue

yes      no

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### ONLINE MASTERCLASS SERIES II



**17th – 21st December 2020, via Zoom\***

The active and passive participants will be contacted via email. They will receive the detailed time schedule and all further details to the accessibility to the Zoom meeting.

\* Participants are advised to download Zoom ([www.zoom.us](http://www.zoom.us)) to their device and, if possible, to use good quality cameras and microphones.

***The application deadline is December 06th 2020 23:59 MEZ***

#### **Registration Fee**

The registration fee has to be paid to the following account:

World Culture Networks GmbH

Bank name: Bank Austria

IBAN: AT22 1200 0506 7006 7093

BIC: BKAUATWW

Reference: Online Masterclass 2

**Country and city**, in which the participant will be in during the online masterclass:

Following documents must be attached to the application form: Passport, Photo, CV, proof of payment. All required documents should be sent to [office@wcn.co.at](mailto:office@wcn.co.at)

I hereby agree by my signature and application that the organizers may use possible visual and audio-recordings for documentation and marketing. I further agree to pay the participation fee and acknowledge that the fee is not refundable.

City, Date Signature