**26th International Master Course for Pianists**

**(German Edition)**

**Bergisch Gladbach (Germany), 12 - 18 August 2019**

**Application Form**

* **Mr**
* **Ms**
* **Mrs**

**Family name**  
  
  
**First name**

**Date of birth (day/month/year)**  
  
  
**Nationality**  
  
  
**Citizenship**

Music education (institution, professor)

|  |  |
| --- | --- |
| **Years** | **Institution** |
|  |  |

**Command of Languages**

**Permanent address**

telephone  
  
  
e-mail address

**I wish to take part as**

active participant



soloist



piano duet



passive participant



**I wish to have**

accommodation (hotel)



**Repertoire for the course:**

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**Biographical note**

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**Additional remarks (e.g. accompanying persons)**

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**I declare to follow the organizational and financial regulations specified in the course regulations. I agree to the processing of my personal data by the F. Liszt Society in Wroclaw and the Musik- und KulturFestival GL e. V. Society in Bergisch Gladbach in the scope necessary to conduct the course.**

**Full name.........................................................**