***order form***

***reg. number:***

for audiovisual services

|  |  |
| --- | --- |
| The Service Provideravisoembthe Audiovisual Studio of the Liszt Ferenc Academy of Music1077 Budapest, Wesselényi utca 52.Tel: 462-4660Fax: 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:

|  |  |  |
| --- | --- | --- |
| soundrecording,CD | digital HD video recording andediting,DVD/DL-DVD | studio/educationequipment,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:

Notes:

I, the undersigned, have ordered on this day the service(s) detailed above. I have accepted and I got acquainted with the General Terms of Service. 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.

Budapest, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_

 (the Client)

The above order was accepted at AVISO by: