

APPLICATION FORM

“IMZ ACADEMY 2017: RE-IMAGINING OPERA FOR THE DIGITAL AGE”

PERSONAL INFORMATION

Surname	
Name	
Date of Birth	
	Male Female
Job Position	
Email	
Phone	
Country of Citizenship	
Country of Residence	
Short CV (approx. 100 words or attached as extra file)	

COMPANY INFORMATION

Company Name	
IMZ Member	Yes No Please do send me information about the IMZ Membership
Opera Europa Member	Yes No
Street / No.	
ZIP Code	
City	
VAT	
Website	
Online activity of my company	Very active Average Rather low

DECLARATION

I hereby confirm my participation at the IMZ Academy 2017. The Registration Fee is required of all applicants to be paid in advance after receipt of invoice. In case of a cancellation before 8 September 2017 50% of the registration fee will be refunded. In case of a cancellation after 8 September the registration fee will not be refunded.

Location, Date

Signature

Please send this form signed via scan or postal service to:
IMZ International Music + Media Centre
Stiftgasse 29 / 1070 Vienna / Austria / +43 (1) 8890315
Sophie Schneider (Project Manager): imzacademy@imz.at