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**APPLICATION FORM -** **SOLFEGGIO IN MUSICAL THEORY**

**11 INTERNATIONAL COMPETITION**

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| **SURNAME & NAME** |  |
| CONTACT ADDRESS (street, no., City, country) |  |  |  |  |  |
| **class** |  |  | OMS / SMS (underline)  |
| **Phone, mail** |  |  |  |  |  |  |
| **CATEGORY** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Day, month, year of birth** |  |
| **Place of birth** |  |
| **MUSIC INSTITUTION OF THE APPLICANT: (Name, Address, phone, fax, email)** |  |
|  |
| **SURNAME & NAME OF Professor** |  |
| **Phone, mail** |  |
| Applications should be sent exclusively in electronic form filled in on a computer in LATIN LETTERS. APPLICATIONS SHOULD BE SENT TO umbps@mts.rs or umbps@hotmail.com NO LATER 27.04.2024. YEARSCOMPEN5ATION OF COMPETITION COSTS - 45 EUR Applicants from abroad can pay/transfer funds (IN EURO) for the participant registration to the following account:*Beneficiary:* IBAN: RS35160005080002629395 Beneficiary name: UDRUZENJE MUZICKIH I BALETSKIH PEDAGOGA Beneficiary address: 7 Dzona Kenedija str. 11080 Zemun, SerbiaBank name: BANCA INTESA AD, BEOGRADBank address: MILENTIJA POPOVICA 7B, BEOGRAD, REPUBLIKA SRBIJABank swift code: DBDBRSBG*Transfer to be made* ***via an intermediary bank*** *(you can put these under 'special instructions')* Bank Name: INTESA SANPAOLO SPA, MILANO, ITALYSWIFT code: BCITITMM With the indication: Participation in the competition **of SOLFEGGIO in** musical theoryDELIVER WITH APPLICATION.. A COPY OF THE PAYMENT SHEETCOPY OF PASSPORT |