***order form***

***reg. number:***

for audiovisual services

|  |  |  |  |
| --- | --- | --- | --- |
| The Service Provider  avisoemb  the Audiovisual Studio of  the Liszt Ferenc Academy of Music  1077 Budapest, Wesselényi utca 52.  Tel: 462-4660 Fax: 462-4662  VAT number: 15308957-2-42  Bank account number: MÁK 10032000-01428788-00000000 | | The Client’s  name:  address:    represented by:  phone:  e-mail: | |
| received: | status of the Client | completion date: | attachment: |

Type of order:

|  |  |  |
| --- | --- | --- |
| sound  recording,  CD | digital HD video recording  and  editing,  DVD/DL-DVD | studio/education  equipment,  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: