## COMING TO ITALY FORM – INTERNATIONAL VOCAL ARTS PROGRAM 2014

Last Name	Name			_Gender M□ F□	
Place of Birth		Date of Birth			
Address	City		Province	Zip Code	
Telephone	Cellular	Fax	E-mail		
Type of voice					
Room: single ☐ double	/triple□ (based on availabili	ty) I would like to shar	re the room with		
narniaartsacademy@gmail.co Please include: •copy of payment receipt* •photocopy of I.D. •A short bio •Concert repertoire students v	on form to <b>Cristiana Pegoraro – Artist m.</b> vishes to perform at the Narnia Festiv  ISPARMIO DI ORVIETO - Via Turati 2	val (arias and art songs)			
Please specify the student's n	ame and program in the bank transf	er.			
Applicants are responsible for (To avoid two wire transfer fe	all bank transfer fees. es - approx. \$45 each - applicants arc	e welcome to pay in full on April	l 15, 2014)		
Payments must be made in EU 15 EUROS must be added to c	JROS. Please specify with your bank over the Italian transfer fee.	that the exact amount of tuition	n must be transferred in ON	LY Euros. An additional fee of	
☐ I have read and accept the	terms and conditions listed on the we	ebsite Date	Signature		