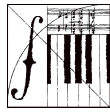


# XVII Vianna da Motta International Music Competition



## REGISTRATION FORM

Please complete typewritten or capital letters and send to:

**The XVII Vianna da Motta Music Competition  
(Office in Lisbon)  
Rua Professor Mira Fernandes, n.º 91, 1.º Esquerdo,  
1900-382 Lisboa, PORTUGAL**

### Personal Details

Name\_\_\_\_\_

Surname\_\_\_\_\_

Sex: M\_\_\_\_ F\_\_\_\_ Date of Birth\_\_\_\_\_

Nationality\_\_\_\_\_

Identity Card or Passport Number\_\_\_\_\_

### Contact Information

Street Address\_\_\_\_\_

Postal Code\_\_\_\_\_ City\_\_\_\_\_

Country\_\_\_\_\_

Telephone (Code no.)\_\_\_\_\_ Number\_\_\_\_\_

Fax. (Code No.)\_\_\_\_\_ Number\_\_\_\_\_

E-mail Address\_\_\_\_\_

### Current Music Professor

Name(s) and Surname\_\_\_\_\_

Street Address\_\_\_\_\_

Postal Code\_\_\_\_\_ City\_\_\_\_\_

Country\_\_\_\_\_

Telephone (Code no.)\_\_\_\_\_ Number\_\_\_\_\_

Fax. (Code No.)\_\_\_\_\_ Number\_\_\_\_\_

E-mail Address\_\_\_\_\_





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**Your Repertoire**

**FIRST ROUND**

<b>Work</b>	<b>Composer</b>	<b>Duration</b>
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**Total Duration** \_\_\_\_\_

**SECOND ROUND**

<b>Work</b>	<b>Composer</b>	<b>Duration</b>
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**Total Duration** \_\_\_\_\_

**THIRD ROUND (Final Solo)**

<b>Work</b>	<b>Composer</b>	<b>Duration</b>
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_____	_____	_____
_____	_____	_____
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_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Duration** \_\_\_\_\_

**FOURTH ROUND (Final Concert with Orchestra)**

<b>Work</b>	<b>Composer</b>	<b>Duration</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Duration** \_\_\_\_\_

In \_\_\_\_\_, date \_\_\_\_\_ month \_\_\_\_\_ 200\_\_\_\_\_

Signature \_\_\_\_\_

**Please also enclose letters of recommendation, proof of registration fee payment, required photographs, and a copy of your birth certificate.**