



## NOVKOV BALLEt WORKSHOPS

[www.ballet-novkov.com](http://www.ballet-novkov.com)

2nd International Summer Ballet Workshop  
July 14<sup>th</sup> – 26<sup>th</sup> 2008

### APPLICATION FORM

Please complete and return this form with two passport photos to the **Ballet Studio La Sylphide** (by post and by e-mail) by the closing date of **May 31<sup>st</sup> 2008**

**Postal address:**

LA SYLPHIDE BALETSKI STUDIO  
21000 NOVI SAD, SERBIA  
SVETOZARA MILETIĆA 47  
Phone:(+381 21) 523 443

**E-mail:** [novkovg@eunet.yu](mailto:novkovg@eunet.yu) or [dibi@neobee.net](mailto:dibi@neobee.net)

**Applications and advance payment of 50% of total workshop price to be delivered until May 31<sup>st</sup> 2008**

Please send us a copy of bank transfer receipt to e-mail:  
[novkovg@eunet.yu](mailto:novkovg@eunet.yu) or [dibi@neobee.net](mailto:dibi@neobee.net)

For more information or if you have any questions please contact:

**Dina Budak**

Mobile: (+381 64 ) 933 03 44

[dibi@neobee.net](mailto:dibi@neobee.net)

## **PAYMENT INSTRUCTIONS IN EUR**

*We inform you that funds could be transferred in following way:*

### **56: Intermediary Bank**

SWIFT: LHBIDEFF  
**LHB INTERNATIONALE HANDELSBANK A.G.**  
Frankfurt am Main, GERMANY

### **57: Account With Institution**

SWIFT: CONARS22  
**NLB CONTINENTAL BANKA A.D. NOVI SAD**  
SERBIA

### **59: Beneficiary**

RS35310007080000174750

IBAN

**LA SYLPHIDE BALETSKI STUDIO**  
**21000 NOVI SAD**  
**SVETOZARA MILETIĆA 47**

### **Details of payment**

Invoice number etc.

*Best regards,*  
*Foreign Exchange Market Dept.*

NLB CONTINENTAL BANKA A.D. NOVI SAD,  
TRG MLADENACA 1-3, 21000 NOVI SAD  
Phone: +381(21)6615-500, Fax: +381(21) 6615-560, e-mail: [cont@cont.co.yu](mailto:cont@cont.co.yu)

*\*Please write this clearly in BLOCK CAPITALS or mark your answer*

### PERSONAL DATA

Surname		
First name(s)		
Date of Birth	Male	Female <b>X</b>
Father's name		
Mather's name		

### ADDRESS

Address		
Town		Country
Postcode	Country	
Home Phone	Mobile No	E-mail

### PROFESSION

Student	Dancer	Teacher
School/company name		
Address		
Town		
Postcode		

### PARTICIPATION

As active student (12 - 24)	As teacher, visitor
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### ACCOMMODATION: dormitory/boarding

I need dormitory (Moving in the dormitory: July 13th/27 July 2008; 14 days, room and board)
I do NOT need dormitory
I need meal (2 meals a day/breakfast, dinner)
I do NOT need meal
Arrival and departure dates, flight/train info, etc

### Signature

(Parent or Legal Guardian for minors) .....

Date .....