

REGISTRATION FORM ADRIATIC FILM FESTIVAL 2018

SURNAME:	_ NAME:	
PLACE OF BIRTH:	DATE OF BIRTH: / /	
ADDRESS:	CITY:	
COUNTRY:	ZIP CODE:	
TELEPHONE:	E-MAIL:	
	ch he is director / author, assuming full responsibility ASK the ADRIATIC FILM FESTIVAL 2018	
TITLE:	LENGHT:	
SECTION: INTERNATIONAL SHORT	NATIONAL SHORT	
DOCUMENTARY	SHORT ACADEMY/SCHOOL	
DIRECTOR:	SCREENPLAY:	
PHOTOGRAPHY:	EDITING:	

(IMPORTANT: specify if they are subject to S.I.A.E. rights by indicating Titles, authors, and any useful references or clearly state if they are not)

STATEMENTS

- I declare I have read and accepted the festival competition announcement in its entirety.
- I dare to be responsible for the work and to be the holder of the rights and that this registration form can be considered as "release for the projection" as requested by the SIAE.
- I deny that the contents of the short film do not violate the laws in force and that the work does not present defamatory content. In any case, the undersigned releases the Organizing Committee of the ADRIATIC FILM FESTIVAL and each of its components, from any responsibility for the content of the short projected in public.
- I declare to authorize the Organizing Committee of the Competition of the ADRIATIC FILM FESTIVAL, pursuant to Law 196/2003 and subsequent modifications and additions, to the processing of personal data and to use the information sent for all the uses related to the Competition and events connected.

To be attached to the registration form:

- The title of the works (short-documentary) related to the specific section.
- Short synopsis on the works.
- Scene photo and one of the director both print and in high resolution digital (if in possession).

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The lack of attachments or to competition	otal or partial non-legibility of the sa	ame, implies exclusion from the
DATE		SIGNATURE