



REGISTRATION FORM ADRIATIC FILM FESTIVAL 2019

SURNAME: _____ NAME: _____
PLACE OF BIRTH: _____ DATE OF BIRTH: ____ / ____ / ____
ADDRESS: _____ CITY: _____
COUNTRY: _____ ZIP CODE: _____
TELEPHONE: _____ E-MAIL: _____

with the sending of his short film / s of which he is director / author, assuming full responsibility,

ASK

for the registration to the ADRIATIC FILM FESTIVAL 2019

TITLE: _____ LENGHT: _____

SECTION: INTERNATIONAL SHORT NATIONAL SHORT

DOCUMENTARY SHORT ACADEMY/SCHOOL ANIMATION SHORT

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).

The lack of attachments or total or partial non-legibility of the same, implies exclusion from the competition

DATE

SIGNATURE
