

REGISTRATION FORM

Fill out the form below **Register your film a II SiciliAmbiente documentary film Festival San Vito Lo Capo.**
Print the form and send it along with DVDs

CONTACT

Name.....
Surname

Organization

Phone

City

E-mail

FILM

Original Title.....
Title in Italian

Title in English

country of productio.....

Language Film

Subtitle Language.....

Year of production

Synopsis in English

Festival in which he participated

awards

Format: Betacam SP DVCAM HDV DVD HD

Time

DIRECTOR

Name

Surname

Phone/Fax.....

Adresse.....

E-mail

biofilmography

CREDITS

Author.....

Editing.....

Director of Photography

Sound.....

Music.....

PRODUCTION

Name.....
Surname.....
Organization.....
Phone.....
E-mail.....

AUTHORIZATION

I, the undersigned, holder of the rights of the film, I authorize the Demeter productions sas:
* retain a copy in its archives
* Use my film projection non-commercial educational purposes after the end of the event.

Demeter productions authorize the processing of SAS my personal data pursuant to Decree No. 196/03 on privacy

Date and signature