



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 Demetra Produzioni SAS:

- * retain a copy in its archives
- * Use my film for non-commercial and educational projection purposes after the end of the event.

I authorize Demetra Produzioni SAS to process my personal data pursuant to Decree No. 196/03 on privacy

Date and signature