

FESTIVAL DEL CINEMA NUOVO 2016

APPLICATION FORM

TITLE:

GENRE:

DATE:

RUNNING TIME:

SYNOPSIS:

DIRECTED BY:

EDITING BY:

CINEMATOGRAPHY:

STORY BY:

SCREENPLAY BY:

STARRING:

MUSIC BY:

TYPE OF ASSOCIATION/COMMUNITY FOR DISABLED PEOPLE or project name with people
with disabling conditions

NAME:

ADDRESS:

CITY:

COUNTRY AND ZIP:

PHONE:

FAX:

E-MAIL:

REPRESENTATIVE:

REPRESENTATIVE'S PHONE:



Spett. Segreteria del
FESTIVAL DEL CINEMA NUOVO
c/o Dott. Romeo Della Bella
Via Ponchielli 7, 20064 Gorgonzola (MI)
Italy

I authorize the handling of the personal data and material in relation to the Italian legislative decree n°196/2003.

The Secretary of the Festival del Cinema Nuovo, as data controller, under the terms of the legislative decree n°196/2003, will process the personal data and materials provided for social and non profit purposes.

ASSOCIATION STAMP

REPRESENTATIVE'S SIGNATURE