



Website: www.festivaldeldocumentariodabruzzo.it

International Competition of Documentary Films

Entry form

Title _____

Year _____ Shooting standard _____

Timing _____ Summary _____

Production _____

Is it your first work?

YES NO

Previously screened in other events?

YES NO

If yes, which events? _____

If received some awards _____

Your biography and your filmography _____

Biographical notes and address of the author

name _____

surname _____

born in _____

date of birth _____ nationality _____

resident in _____

address _____ post code _____

tel. _____ cellular _____

fax _____ E-mail _____

web site _____

Date _____

Signature _____

DISCLAIMER

Do you give us permission to use your video/film to promote the festival?

Yes No

Also in TV? (max. 10%)/ Including broadcasting? (max. 10%)

Yes No

**With this request of enrolment, I fully accept the rules and regulations of the Festival.
And the processing of data (Art. 11 of Law 196/03).**

SIGNATURE: _____

Festival del documentario d'Abruzzo

c/o

A.C.M.A.

Associazione Cinematografica Multimediale Abruzzese

Via Firenze 99 – 65122 Pescara

+39085 4210031

www.festivaldeldocumentariodabruzzo.it

festival@festivaldeldocumentariodabruzzo.it