

ENTRY FORM

The undersigned (name and s	urname of Director or Refer	ent)	
Address	City		
e-mail		phone number	
Mobile			
intends to take part in the Soc	cial Film Festival ArTelesia	Competition (Call DIVABILI) w	ith the following work:
Title of the film / short film			
with one of the following the			
		diversity in all its forms is an asse spects and facets that give rise, eac	
Country of production			
		Duration	Directio
n			
Production			
Sets			
Costumes			
Film Fotography			
Editing			
Original soundtrack			
Sound			
Cast			
Kind			
Language			
Subtitles			
Originalformat			
Production			

Distribution_____

General organization

SHORT SYNOPSIS:

SHORT BIO-FILMOGRAPHY OF THE DIRECTOR

How did you find out about the competition?			
from the website <u>www.socialfilmfestivalartelesia.it</u> yes no			
from Internet yes no			
Industry magazines Other, specify:			
Theundersigned			
declares			

Social libero Teatro

tobe(choose amongDirector/Producer/Referent) of the work (title)

and to have full and exclusive legal rights

Declares that his film does not affect the rights of third parties, as expressed by Law 633/1941 and subsequent amendments (copyright); and does not contain defamatorycontent

Declare that he has read and therefore fully accepts all the Competition Rules.

Accept that all the material sent will become part of the "Festival Archive".

Authorizes the public screening without any compensation for his film.

The undersigned authorizes the processing of personal data in accordance with the provisions of the sector



legislation.Declaresto be aware of criminal penalties in the case of false declarations; The winners commit themselves to indicate in the headlines of their film the name and logo of the Social Film Festival ArTelesia, together with the Award received.

The audiovisuals in HD format (high definition) must be sent by uploading them on an internet platform (preferably FilmFreeway) and sending the link to the following e-mail address: <u>sffaed16@gmail.com</u> with the following wording in the subject of the e-mail: "Section - Title of the work". It is advisable to keep the vision private and to indicate the access password. In the aforementioned e-mail you must attach the registration form completed in its entirety and duly signed by the referent, by the author of the work or by the director; the trailer in high resolution; the official poster; two images of dimensions 1280X720 and 1280X1080; director's photo.

The undersigned expressly authorizes the screening of his work in all the events promoted by the Festival.

For further informations write to: sffaed16@gmail.com or contact the following numbers:

+ 39 **320 3541913** + 39 **393 21 02565**

Place and date:_____

Referent's signature_____