



ENTRY FORM

The undersigned (name and surname of Director or Referent) _____

Address _____ City _____

e-mail _____ phone number _____

Mobile _____

intends to take part in the **Social Film Festival ArTelesia** Competition with the following work:

Title of the film / short film

Sections (*put a tick*)

- **Filmmaker:** emerging and professional directors, production and distribution companies
- **DiVabili:** works created by directors with disabilities or involving disabled actors that do not necessarily have to focus on the topic of disability

with one of the following themes (*put a tick*)

- **I BELONG TO ME:** respect for one's own individuality, knowing how to be beyond all appearances, cultivating one's freedom against all dependencies
- **INTEGRATION:** respect for ethnic and cultural identity against all forms of discrimination
- **WELLNESS, FOOD AND SUSTAINABLE DEVELOPMENT**
- **CARE, WELCOME AND SOLIDARITY**
- **FREE THEME**

Country of production _____ Year _____

Duration _____ *Direction* _____

Production _____

Kind _____

Screenplay _____

Sets _____

Costumes _____

Film Photography _____

Editing _____

Original soundtrack _____

Sound _____

Cast _____

Kind _____

Language _____

Subtitles _____



Original format _____

Production _____

Distribution _____

General organization _____

SHORT SYNOPSIS:

SHORT BIO-FILMOGRAPHY OF THE DIRECTOR

How did you find out about the competition?

from the website www.socialfilmfestivalartelesia.it yes no

from Internet yes no

Industry magazines other, specify: _____

The undersigned _____

declares

to be (*choose among Director/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 defamatory content

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. Declares to 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 Vimeo) and sending the link to the following e-mail address: sffaed13@gmail.com 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 undersigned expressly authorizes the screening of his work in all the events promoted by the Festival.

For further informations write to: sffaed13@gmail.com or contact the following numbers:

+ 39 **320 35 41 913** +39 **393 21 02 565**

Place and date: _____

Referent's signature _____