

CORTI SUL FILO DEL LIMITE – SECOND EDITION
ENTRY FORM

Original Title: _____

International Title: _____

Short Synopsis:

Year: _____ Running time : _____ Country of production: _____

Director: _____

Director of photography: _____

Script: _____

Screenplay: _____

Editing: _____

Production: _____

Distribution: _____

Composer: _____

Actors: _____

Notes: _____

Awards or special mentions _____

Author/Owner of the rights:

NAME

SURNAME

ADDRESS

CITY

ZIP CODE

COUNTRY

TELEPHONE

EMAIL

The Author or the Producer or who holds the rights of the film, by signing this entry form DECLARES that he has read and understood the Regulation for the Competition and the information about the processing of personal data and to fully accept all its contents.

Place and date, _____

SIGN