



**PARTICIPATION CARD WITH THE DATA RELATING TO THE
AUTHOR AND THE short film**

(1 ° Festival of short films "APRILIA FILM FESTIVAL" 2019)

Title of short film: _____

Category: _____

Director: _____

Production: _____

Duration: _____

Year: _____

Synopsis (Brief description of the short film) - OBLIGATORY

Data relating to the author of the short film presented (* obligatory)

Name*: _____

Surname*: _____

Cod. TAX/ID*: _____

Date of birth*: _____ Place of birth*: _____

Address*: _____

City*: _____

Country*: _____

Postal Code*: _____

Telephone: _____

E-m @ ail*: _____

How did you find out about APRILIA FILM FESTIVAL ? : _____

The author of the work declares to be aware of the penal sanctions in case of untruthful declarations. Furthermore, the undersigned pursuant to and for the purposes of art. 13 Legislative Decree No. 196/03 gives its consent to the processing of personal data, even with IT tools.

Date

Signature
