

Data about work

August 26-30, 2018 XVII Edition

ENTRY FORM FEATURE FILMS

	-					
Title						
Director						
Country						
Production						
Address						
Phone Num.			Fax			
Distribution						
Duration	Date first		Dat	e		
	projection		dist	ribution		
Genre						
Festival						
History		AW	Awards			
Preview	International 🗆 National 🗆 in Campania 🗆					
Attachments	List of titles Synopsis Director biofilmography					
	Photographic material Backstage/video comments					

Data of who enrolls the work

Name and Surname					
Address					
Phone Number			Mobile		
Fax		Email			

The undersigned declares, under its sole responsibility, that he is the legitimate representative of the work, authorized by all those entitled to it, that what is contained in this application is truthful and authorizes VFF- Gulf of Policastro Association to process his personal data in accordance with current legislation.

Date:_____

Signature: _____