



Spett.le  
Ciampino International Film Fest  
c/o SINCREZIA Associazione Culturale  
Via Antonio Rosmini, 22/24  
00043 CIAMPINO, ROMA  
ITALIA

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Address \_\_\_\_\_ ZIP Code \_\_\_\_\_

City/State \_\_\_\_\_ Country \_\_\_\_\_

Phone-Fax \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

WEBSITE \_\_\_\_\_

**WORK** (ocumentary, fiction short film, animation short film)

Type of work \_\_\_\_\_ Duration (in minutes) \_\_\_\_\_

Title \_\_\_\_\_ Date of completion \_\_\_\_\_

Country of production \_\_\_\_\_

Language \_\_\_\_\_ Subtitles \_\_\_\_\_

Place/s of shooting \_\_\_\_\_

Event \_\_\_\_\_

Original Format \_\_\_\_\_

Subject \_\_\_\_\_

Author \_\_\_\_\_

Producer \_\_\_\_\_

By signing this form, which also applies to complete acknowledgment and acceptance of the rules of the Festival, I declare to be the holder of all rights of the work registered and head for third parties as well, releasing the festival from any responsibility.

Date \_\_\_\_\_

Sign \_\_\_\_\_

Fully informed, I authorize ex art. 13 of Legislative Decree no. 196/2003, the processing of personal data collected.

Date \_\_\_\_\_

Sign \_\_\_\_\_