



Festival del documentario d'Abruzzo

PREMIO INTERNAZIONALE
EMILIO LOPEZ

international competition of documentary film

e n t r y f o r m

Title _____

Year _____ Shooting format _____

Aspect Ratio 4:3 16:9 Running time _____ Summary _____

Production _____

Is it your first work?

YES NO

Previously screened in other events?

YES NO

If yes, which events? _____

If received some awards _____

Your biography and your filmography _____

Make your choice

- A – International Competition for Experimental documentaries**
- B – International Thematic Competition**

Biographical notes and address of the author

Name _____

Surname _____

Born in _____

Date of birth _____ Nationality _____

Resident in _____

Address _____ Post code _____

Tel. _____ Cellular _____

Fax _____ E-mail _____

Web site _____

Date _____

Signature _____



Festival del documentario d'Abruzzo

PREMIO INTERNAZIONALE
EMILIO LOPEZ

international competition of documentary film

disclaimer

Do you give us permission to use your video/film to promote the festival?

Yes No

Also in TV? (max. 10%)/ Including broadcasting? (max. 10%)

Yes No

With this request of enrolment, I fully accept the rules and regulations of the Festival.
And the processing of data (Art. 11 of Law 196/03).

SIGNATURE _____



Festival del documentario d'Abruzzo

A.C.M.A.

Associazione Cinematografica Multimediale Abruzzese

via Firenze 99 – 65122 Pescara

tel. +39 085 4210031

fax +39 085 4516025

www.abruzzodocfest.org

festival@abruzzodocfest.org

www.abruzzodocfest.org