



RAMPA FILM FESTIVAL
Quarto di Napoli
I Edizione

Registration form
with consent form

REGISTRATION FORM
to
RAMPA FILM FESTIVAL
Quarto di Napoli
I Edizione

TITLE OF WORK: _____

LINK VIDEO: _____ PASSWORD: _____

CATEGORY (drama, social, thriller...) _____

REGISTRATION SECTION: (A) (B)

SHORT SYNOPSIS:

PRODUCTION YEAR: _____ DURATION: (mm:ss) _____

LANGUAGE: _____

SUBTITLES: YES NO SUBTITLE LANGUAGE: _____

DIRECTOR: _____

DIRECTOR UNDER 25: YES NO

DOP: _____

EDITING: _____

SOUNDTRACK: _____

PRODUCTION: _____

COUNTRY: _____

MAIN ACTORS: _____

RAMPA FILM APS

e-mail: festival@rampafilm.it

www.rampafilm.it



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RESPONSIBLE FOR THE WORK

SURNAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

COUNTRY: _____

E-MAIL: _____

MOBILE PHONE: _____

WEBSITE: _____

STATEMENTS:

The undersigned declares to be the owner of all rights and to have legal responsibility for the work entered.

YES NO

I declare that I have read the notice and accept it in all its parts.

YES NO

Authorize the RAMPA FILM APS to the processing of personal data, in accordance with the Legislative Decree 196/2003 on the protection of privacy.

AUTHORIZE DO NOT AUTHORIZE

CONSENT FORM

Gives consent for the screening of the work during the "**RAMPA FILM FESTIVAL - Quarto di Napoli - I Edition**" event and use for the competition and for promotional purposes strictly related to the communication of the festival

YES NO

Authorize the organization to process my data pursuant to the privacy law 196/2003, they will be used only for purposes related to the competition or events for which consent is given through this consent form.

AUTHORIZE DO NOT AUTHORIZE

PLACE AND DATE

SIGNATURE

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