



INTERNATIONAL **TOUR** FILM FESTIVAL,

**4TH** Edition – July **2015**

*International Festival of Short and Medium-length Films*

## FORM

(To be completed in its entirety)

### Data of Director

NAME

---

LAST NAME

---

DATE OF BIRTH

---

ADDRESS, CITY

CAP

---

COUNTRY

---

TELEPHONE

Landline

Mobile

---

FAX

---

E MAIL

---

WEBSITE

---

### Data of the house of Production

COMPANY NAME

---

RESPONSIBLE

---

ADDRESS, CITY

CAP

---

NATION

---

FAX

---

E MAIL

---

WEBSITE

---

### Data of Work

TITLE

---

DIRECTION

---

SUBJECT/SCREENPLAY

---

DIRECTOR OF PHOTOGRAPHY

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MUSIC

---

CAST

YEAR

FORMAT

NATIONALITY

LANGUAGE

LENGTH

**Subtitles:**  ITALIAN;  ENGLISH

**Gender**

FICTION:

Series/Web Series;  Music Video;  Trailers;  All other categories

ANIMATION

DOCUMENTARY

VIDEO OF TOURISM PROMOTION

**Synopsis**

Participation in the competition implies full acceptance and compliance with the Regulation in its entirety.

For any dispute, the jurisdiction is mandatorily to Civitavecchia (Rome, ITALY)

**DATE**\_\_\_\_\_

**SIGNATURE**\_\_\_\_\_