

**COMPETITION
"ALPI GIULIE CINEMA"**

PARTICIPATION FORM

TITLE _____
RUNTIME _____
COUNTRY OF ORIGIN _____
ORIGINAL LANGUAGE _____ **DUBBING** _____
PRODUCTION _____

ADDRESS

CITY _____
COUNTRY _____

TEL. _____ **FAX** _____

E-MAIL _____ **WEB** _____

DIRECTOR

FIRST NAME, SURNAME

BIRTH PLACE _____ **BIRTH DATE** _____

ADDRESS

CITY _____ **COUNTRY** _____

TEL. _____ **FAX** _____

E-MAIL _____ **WEB** _____

SHORT DIRECTOR CV

SETTING/SHORT SUMMARY OF THE MOVIE

