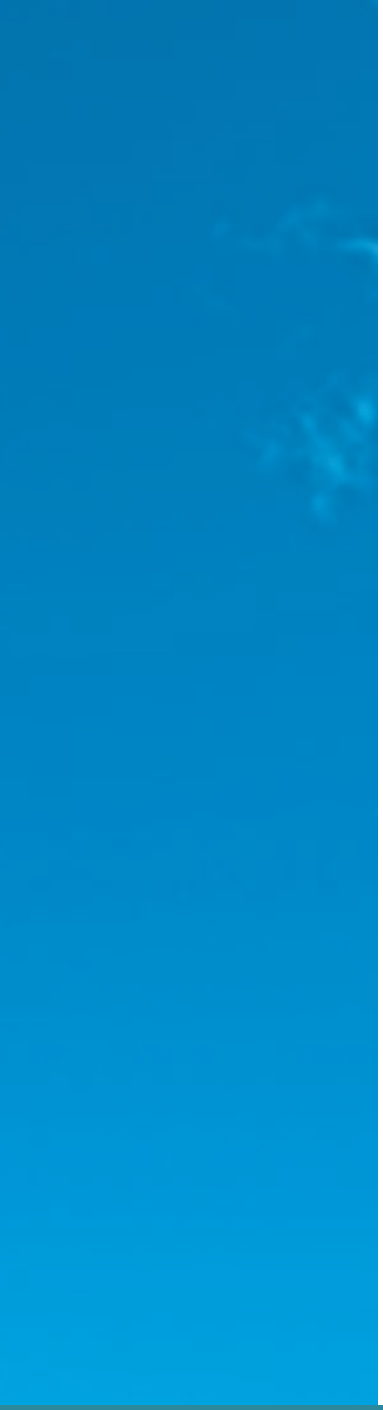

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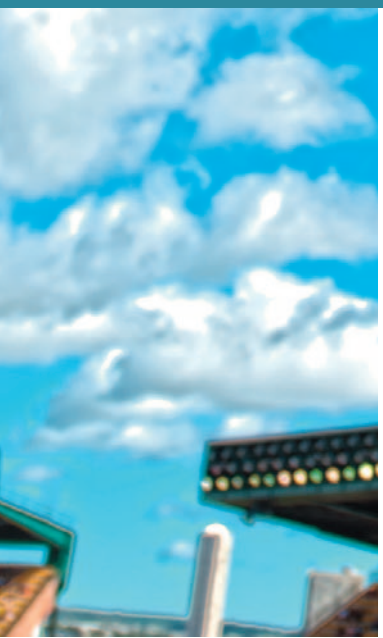
PARTICIPATION FORM



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PLEASE, COMPLETE THIS FORM DIGITALLY

MUNICIPALITY, AWARDS/BIDDING YEAR

ADDRESS, PHONE, EMAIL

ACES VIDEO AWARDS REFERENT *(name, phone, email)*

TITLE OF THE WORK, YEAR OF PRODUCTION

DIRECTOR/AUTHOR *(name, address, phone, email)*

FILM SCRIPT *(name, address, phone, email)*

PRODUCTION *(name, address, phone, email)*

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PHOTOGRAPHY *(name, address, phone, email)*

VIDEO EDITING *(name, address, phone, email)*

PERFORMERS

SYNOPSIS *(short)*

BIOFILMOGRAPHY OF THE AUTHOR *(short)*

Informed of the identity of the data controller, of the extent to which the processing takes place, of the purposes of the processing for which the personal data are intended, of the right to withdraw consent, by signing this form, pursuant to art. 7 of Regulation (EU) 2016/679, I consent to the processing of personal data relating to participation in the competition, verification of the existence of the requirements for admission, selection of works, management of communications and correspondence relating to the Award, presentation of the works in competition, the eventualpublication of the works on the site or in the social networks of the promoters and / or linked websites and pages and all other purposes indicated in the regulation of the selection announcement.
The undersigned declares to have read the Prize regulation and to accept it in full. This form must possibly be completed digitally and sent, together with the participation videos and any other documentation required in the ACES VIDEO AWARDS call, to ACES ITALIA, Via Clitunno 12 / F - Rome - cap. 00198 or by email to italia@aces-europa.eu.

DATE

SIGNATURE