



Florence Queer Festival 2010 Participation Form

To be filled and sent back to
P.A, Ireos onlus – c/o Silvia Minelli via Bonifacio Lupi 5a/r
50129 Florence – Italy

Title **Duration (min.)**

Info to be attached

- Video
- Synopsis
- Cover photo (if available)
- Director's photo
- Biography/filmography

Director Info

Name.....
Address.....
Zip code..... City..... County/State.....
Ph. E-mail..... web site.....

Production/Distribution data

Name.....
Address.....
Zip code..... City..... County/State.....
Ph. E-mail..... web site.....

I concede that:

- copy of the video remains available to the festival organization;
- copy/part of the video can be shown on line on the festival web-site;
- copy/part of the video can be used to promote the festival;

Type of work

- Feature film
- Short Film
- Documentary
- Animation
- Color
- Black and white
- Language.....

Date

Signature

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I Authorize the treatment of my personal data in conformity and to the effects of the D.Lgs. N 196/2003 and following modification and/or integration.

Format

- VHS
- DVD
- DVIX
- XVID
- DV
- mini DV
- other:.....

Date

Signature

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