



REGISTRATION FORM
A.Re.S. Short Film Festival 2009

The form must be filled in in every part and sent in triplicate, along with two images of scenes from the film and the video in DVD format to Ergoform Soc. Coop., viale Santa Panagia,90 – 96100 Siracusa,Italia within **August 31st 2009.**

Director's name and surname	
Date and place of birth	
Address	
Tel./Cell.	
e-mail address	
web site	
film's title	
brief summary	
original language	
subtitles	
production category (animation,experimental or documentary)	
Original format	
year of production	
date of first public screening	

other festivals you participated in	
achieved awards	
Producer, producer company (address,contacts)	
foreign or italian distribution company (address, contacts)	
cast	
screenplay	
photography	
soundtrack	
set design	
editing	
REGULATION APPROVAL: I declare to have read and to approve all clauses contained in the present Contest Regulation for A.Re.S Festival (by law n°1341 2° comma Cod. Civ. Italiano)	DATE AND SIGNATURE: