

TCC - CORTICINEMA “U30” 2024 REGISTRATION FORM

The participation application must be completed in its entirety, signed by the legal representative or rights holder and sent by **15 OCTOBER 2024** to the email address:

officina.corticinema@gmail.com

WORK DETAILS

Full work's title _____

Year of creation (or 1st public presentation) _____ Duration (estimated) _____

Genre _____

Name and Surname of the registering member _____

Role of the above member in the work _____

Film Writer (Name and Surname) _____

Film Director (Name and Surname) _____

Type of work: Independent On commission Association Acquired rights

Has the work already participated in festivals or competitions? Yes No

If yes, which ones? (also specify if winner of mentions or prizes for each of these)

I consent to the public viewing of this work on the Officina Culturale's YouTube channel:

- During the duration of the Competition (between November and December 2024)
- Beyond the duration of the Competition, inserted in a specific playlist
(with the possibility of requesting its removal at any time)
- I agree to include my work in a private film library held by the Officina Culturale Association, USED ONLY FOR EDUCATIONAL REASONS AND WITHOUT PROFIT.

Place and date _____

Signature of contact person/rights holder or legal representative (*) _____

(*) if a minor, the signature of a parent or guardian is required

CONTACT PERSON, LEGAL REPRESENTATIVE OR RIGHTS HOLDER DETAILS

Name and Surname _____

[If necessary: Legal representative of the Association / Production / Distribution:

with registered office in (Address) _____]

Nationality _____ Date Of Birth(DD/MM/YYYY) _____

Country of Residency _____ City _____ State _____

Postal Code _____ Address _____

E-mail _____

Secondary e-mail _____

Mobile phone _____

Any notes from the contact person or rights holder:

I hereby declare to have read, understood and fully accepted the Competition Regulations, found in the Call for Entry available on the “L'Officina Culturale APS Association” official website and I intend to participate to the Contest with the above-mentioned work.

Place and date _____

Signature of contact person/rights holder or legal representative (*) _____

() if a minor, the signature of a parent or guardian is required*

WORK DETAILS FOR SIAE (SOUNDTRACK)

To be completed in the case of inclusion in the work of audio tracks covered by SIAE (Italian Society of Authors and Publishers), the Italian copyright collecting agency, reporting only the titles of the songs covered by these rights. [SIAE Online Archive](#)

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

SONG TITLE _____ AUTHOR _____

Place and date _____

Signature of contact person/rights holder or legal representative (*) _____

() if a minor, the signature of a parent or guardian is required*

CREW AND CAST LIST

List the members (crew and cast), their role in the creation of the work and their respective dates of birth (expressed in the DD/MM/YYYY format).

Insert additional sections in the case of a greater number of components.

1	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

2	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

3	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

4	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

5	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

6	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

7	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

8	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

9	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

10	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

11	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

12	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

13	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

14	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

15	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

16	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

17	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

18	SURNAME	ROLE
	NAME	DATE OF BIRTH / /

Place and date _____

Signature of contact person/rights holder or legal representative (*) _____

() if a minor, the signature of a parent or guardian is required*