



**CINEDEAF**  
**International Deaf Film Festival of Rome**

**3rd Edition**  
**June 5-6-7, 2015**

**APPLICATION FORM FOR SCHOOLS CONTEST**

**Information about the submitted work** *(Please write in block capitals)*

Title.....  
Year.....Production Company.....  
Running time.....Genre.....  
Film short description.....  
.....  
Notes on the project realization  
.....  
.....

**School Information**

Name of the school.....Class.....  
Address.....Zip Code.....City.....State.....  
.....  
Phone.....E-mail.....  
Website.....

**Responsible Teacher** *(mandatory)*

First Name.....Last Name.....  
Mobile Phone.....E-mail.....

Date

Signature of the Responsible Teacher

\_\_\_\_\_

\_\_\_\_\_

Signature of the Principal

\_\_\_\_\_

Informazioni:  
cinedeafscuole@issr.it  
cinedeafromaen.wordpress.com

**DISCLAIMER**

I Undersigned,

First Name.....Last Name.....

in quality of Responsible Teacher,

**DECLARE**

- to have carefully read the guideline and to accept the terms and conditions;
- to possess the Copyright of the above mentioned work;
- to be responsible of the use of any non original music and/or images appearing in the work.

**AUTHORIZE**

- the *International Deaf Film Festival of Rome- CINEDEAF*, to use, for free, part of the work or images/pictures of it to be published in the Festival communication channels, or in other websites that the organization considers to be helpful, with the aim of promotion of the event. Also, to show the full work during the contest of the Festival and in other no profit cultural events in order to sponsor the work.
- the Festival organization to manage the submitted work in the most suitable way for the organization of the event and to store, and make accessible the material in the archive of the Center of documentation of the Public Institute for the Deaf of Rome (*Mediavisuale*).
- to use my personal information as it is stated in the article n. 13 of the Italian Legislative Decree 196/2003.

The following document, made of **application form and disclaimer**, must filled in and signed in every part and, it must be submitted with 2 DVDs, (see art. 5 of Guideline) at the following address:

**Istituto Statale Sordi Roma – Mediavisuale**  
**Via Nomentana, 56 – 00161 Roma**

**DEADLINE JANUARY 23rd 2015**

Date

Signature of the Responsible Teacher

\_\_\_\_\_

\_\_\_\_\_

Signature of the Principal

\_\_\_\_\_

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