

APPLICATION FORM

AUTHOR

NAME SURNAME (clarify if works are made by a group
and appoint all members)

NATIONALITY _____

COUNTRY OF RESIDENCE _____

EMAIL _____

PHONE _____

WEBSITE _____

ABOUT THE WORK

VIDEO SINGLE CHANNEL VIDEO VR

TITLE _____

YEAR _____ DURATION _____

INDICATE COPYRIGHT

YES NO

Accepts all the conditions of the regulation and
guarantees, taking on responsibility, to be the
holder and therefore have the full availability of
the exploitation rights of the delivered
material.

Accept being responsible about the content in your
work.

DATE _____ SIGNATURE OF ARTIST _____