



REGISTRATION FORM THE BEST SHORT FILM AWARD N.I.F.F. 2020

(Fill in the form in its entirety)

Movie title

.....

Direction

.....

Editing

.....

Director of photography

.....

Screenplay

.....

Main character

.....

Leading actress

.....

Soundtrack

.....

Brief synopsis/description (in english or italian)

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Country

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Movie time

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Shooting format

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Production year

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Genre movie

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Movie production

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Other festivals partecipated or any prizes won (italian or english written)

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Mobile (country code if out of italy)

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E-mail (readable)

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Declaration of acceptance of N.I.N.F. RULE:

Name Surname

Born place Born date

Country City

Postal code

Declares to know and accept the rules of N.I.F.F. in all its parts.

Place and date

Signature

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