



REGISTRATION FORM

Parma International Music Film Festival

XIII Edition

September 21st – 28th , 2025

(Please, you can fill this form in Italian or English)

Title of the film:

· Full-Length Movies · Short-film · Fiction TV · Documentary

Year of production: _____ Country of origin: _____

Which kind of premiere will take at the festival?: italian ☐ european ☐ worldwide ☐

Lenght _____

Original language: _____ Subtitles language: _____

Language of the copy sent for selection: _____

Synopsis

Name and Surname of the Director:

Director

Adress _____

City _____ Country _____

Email _____ Phone _____

Short biography of the director and cast notes:

Name and Surname of the Composer:

Composer

Address _____

City _____ Country _____

Email _____ Phone _____

Short biography of the composer:

Soundtrack title _____

Notes about the score _____

Name and Surname of the Producer:

Production

Address _____

City _____ Country _____

Email _____ Phone _____

Name and Surname of the Representative:

Other Contact

Address _____

City _____ Country _____

Email _____ Phone _____

IMPORTANT

I hereby authorize the use of my personal details, through electronic devices also, within Your institutional purposes in relation to the Italian Legislative Decree n° 196/2003 (see Regulation) and European Regulation concerning privacy Ue 2016/679 (GDPR). **I also declare that I have read and finally agreed to the Regulation of the Festival and release for projection your production.**

Date _____ Legible signature in full _____
