**DECLARATION OF ACKNOWLEDGMENT AND ACCEPTANCE OF THE REGULATIONS MEDFILM Works in Progress – IV edition**

The undersigned ………………………………………………………………………………………………………………………..

Born in ……………………………………………………………... on the ………………………………………………………

Resident in ………………………………………….……………… address ………………………………………………………..

……………………………………………………………………………………………………………………………………………………

Tax Number ……………………………………………………………………………………………………………………………….

Phone number …………………………………………………………………………………………………………………………..

E-mail address ……………………………………………………………………………………………………………………………

**as director and co-producer of the film xxxx ( xxxx), winner of the**

**MedFilm OIM Prize 2023 of 10,000 euros**

DECLARES

1. To have read the Regulations **MEDFILM Works in Progress – IV edition**;
2. To accept it in all its parts;
3. To own a paper copy.

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

According with the provisions of art. 13 of Regulation (EU) 2016/679, the undersigned expressly declares to give consent to the processing of personal data.

I agree

Date Signature

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