**DECLARATION OF ACKNOWLEDGMENT AND ACCEPTANCE OF THE REGULATIONS MedPitching Prize – 1th 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_winner of the MedPitching Prize 2023 of 1.000 euros**

DECLARES

1. To have read the Regulations **MedPitching Prize – 1th 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

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