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

The undersigned ……………………………………………………

Date of birth………………………………………………………….

Place of birth…………………………………………………………

Resident in ………………………………………….………………

address………………………………………………………………

Tax Number………………………………………………………….

Phone number ………………………………………………………

E-mail …………………………………………………………………

**as director and co-producer of the film……..**

DECLARES

1. To have read the Regulations **MEDFILM Works in Progress – V 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

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