accordi @ DISACCORDI – International Short Film Festival

23rd Edition

Entry Form

Film Information

Original Title:_____

Production Date: _____

Country/Countries of Production: _____

Running Time (minutes):_____

Director: _____

Production Company: _____

Film Synopsis (in Italian or English):

_____

_____

_____

_____

Contact Information

First Name: _____

Last Name:_____

Mobile Phone:_____

E-mail: _____

Address:_____

Applicant's Role

Please indicate your role:

☐ Director ☐ Producer ☐ Distributor ☐ Other

If you selected **Other**, please specify:

_____

Film Submission

The screening copy of the film must be submitted via **FilmFreeway** or through one of the following platforms: **Festhome, Movibeta, FilmFest, or Click for Festivals, etc**.

Alternatively, the film may be submitted by post, together with all the documentation required by the festival regulations.

In exceptional cases, alternative online delivery methods (such as MyAirBridge, WeTransfer, Dropbox, etc.) may be accepted only upon prior request and written authorization via e-mail at **info@accordiedisaccordi.it**.

Video URL: _____

Password (if required): _____

The screening link and, where applicable, the password must remain active until **22 November 2026**.

Declarations

☐ I declare that I have read and fully accept the Rules and Regulations of the **accordi @ DISACCORDI – International Short Film Festival – 23rd Edition**.

☐ I consent to the processing of my personal data in accordance with **Regulation (EU) 2016/679 (GDPR)**.

☐ As the rights holder (producer, author, or distributor), I hereby grant permission for the screening of the submitted film within the framework of the **accordi @ DISACCORDI – International Short Film Festival – 23rd Edition**.

Date: _____

Signature: _____

Postal Address

MOVIES EVENT

Via Salvator Rosa, 137/E

80129 Naples – Italy