SUBMISSION FORM

**VRE - Virtual Reality Experience**

**ROME, 5th-9th NOVEMBER 2019 (1A Edition)**

Those who want to submit their works to the VRE - VIRTUAL REALITY EXPERIENCE must complete the Registration Form. The registration implies the acceptance of the Rules in all their parts, the authorization to the public vision for which the author will not receive compensation or rights of any kind and for any reason, and the accuracy of all the information requested. The material sent will not be returned and will remain available to the Organizers. All fields are mandatory.

CONTACT INFO

|  |  |
| --- | --- |
| NAME and SURNAME (\*) | |
| ADDRESS (\*) | |
| Mobile(\*) | Email (\*) |

|  |  |
| --- | --- |
| PRODUCT TITLE | CITY / COUNTRY (\*) |
| DIRECTOR ​ | LENGTH (\*) | |
| CATEGORY ​(\*) | |
| PRODUCTION (\*) | YEAR (\*) |
| STATE IF THE PRODUCT HAS ALREADY PARTICIPATED IN OTHER COMPETITIONS / FESTIVALS | |
| STREAMING AT: | |
| PRIVATE LINK TO ACCESS / DOWNLOAD PRODUCT: | |
| PASSWORD TO ACCESS DOWNLOAD / STREAMING (\*) | |

With reference to my participation in the selection competition for participation in the VRE - Virtual Reality Experience, on Legislative Decree 196/2003 on the protection of personal data, I expressly authorize ICONIALAB, VRE organizer, to process my personal data.

PLACE, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_