



# Castellinaria |31| 17 – 24 NOV 2018

Festival internazionale del cinema giovane Bellinzona

## PROFESSIONAL ACCREDITATION REQUEST

*Valid for one person*

*send back by email to* [segretariato@castellinaria.ch](mailto:segretariato@castellinaria.ch)

*deadline* **12** Novembre

Castellinaria – Festival internazionale del cinema giovane | C.P. 1239 | 6502 Bellinzona | +4191 825 28 93

Last name

Name

Address

Zip – Town

Country

Mobile

Phone

Email

Name of the organisation

Role

Professional address

Zip – Town

Country

Mobile

Phone

Email

Website

### Working sector

Producer

Distributor

Buyer

Theatre owner

Festival delegate

Other

Address during the Festival  
*hotel or other*

From / to /

Phone

Company stamp

Date and signature