



**PRESS ACCREDITATION REQUEST** Valid for one person

*return by email to: [comunicazione@castellinaria.ch](mailto:comunicazione@castellinaria.ch)*

*deadline **8** November*

Castellinaria Festival del cinema giovane | C.P. 1239 | 6502 Bellinzona | +4176 336 55 53

Last name

Name

Mobile

Phone

Email

Media

Address

Press

TV

Radio

Press agency

Internet

Other

Daily

Weekly

Monthly

Other

For TV and Radio

*name of the program*

Address during the Festival

*hotel or other*

From / to /

Phone

Company stamp

Date and signature