**REQUESTED BASIC INFORMATION**

Please send us the following information:

ENGLISH Title :

ORGINAL TITEL :

DIRECTORS :

PRODUCTION COUNTRY(IES) :

PRODUCTION YEAR :

CONTACT EMAIL :

SYNOPSIS :

**Optional:**

Alternative contact email :

Biography :

Director Statement :

Full address:

#### **TEXT TO FILL OUT AND TO SEND BACK TO US BY EMAIL** ####

With this email I, as right holder, submit my/our film

(titel)

including the screening permission to the

19. Festival international Signos da Noite

Tucuman, Argentina

December 1-4, 2021

I confirm to have read and accepted the Rules and Terms.

Date:

Name:

Signature: