**KINOGRAPHE INTERNATIONAL FILM ACADEMY 2019**

**APPLICATION FORM**

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| **The PARTICIPANT’S name and surname:** | **Application number**  (reserved to the organizers)  ............................... |

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|  | **Personal information:** | |
| Date of birth: | | ID number (or passport): |
| Phone number: | | E-mail: |
| Website address: | | PESEL number (reserved to the Polish participants): |

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|  | **The PARTICIPANT’S registered address:** | | | |
| Street Address: | | | City: | Country: |
| Zip Code: | | Additional information: | | |

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|  | **Cinema interests (multiple answers are allowed):** | | |
| ☐ **directing** | | ☐ **image** | ☐ **production / logistics** |
| ☐ **editing** | | ☐ **sound** | ☐ **others:** |

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|  | **WORKSHOP GROUP preference (at least two recommended, more info in Workshop Groups document):** | | | |
| ☐ **VISUAL STORYTELLING** | | ☐ **THEATRE** | ☐ **LITERATURE** | ☐ **MUSIC** |

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|  | **ACCREDITATION MODE (more details in Regulations document):** | |
| ☐ **890.00 PLN - full workshop accreditation + bus travel** | | ☐ **490.00 PLN - full workshop accreditation, travel by your own means** |

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|  | **Period of residence:** | | | |
| ☐ **18/19 May 2019** | | | ☐ **19/20 May 2019** | ☐ **20/21 May 2019** |
| ☐ **21/22 May 2019** | | | ☐ **22/23 May 2019** | ☐ **23/24 May 2019** |
| ☐ **24/25 May 2019** | | | ☐ **25/26 May 2019** |  |
|  | | I submit my participation to **“Kinographe International Film Academy 2019”.**  ......................................................................................................................  Legible signature of the Participant | | |

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|  | **Accreditation fee:** |
| I agree to pay an accreditation fee in the amount of:  **890.00 PLN** or **490.00 PLN**  (according to chosen accreditation mode)  **After the official candidature acceptance via email**,  before **15/04/2019** at midnight,  On the bank account:  **FILMFORUM**  ul. gen. Władysława Andersa 35, 00-159 Warszawa, Poland  Bank’s name: **IX PKO BP Branch in Warsaw**  Account number: **53 1020 1097 0000 7502 0112 0500**  with the annotation in the transfer title: **"KINOGRAPHE 2019"** | |

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|  | **Invitations and information sent via email:** | |
| I agree to receive on the electronic address indicated in this form or new address indicated at a later date, monthly invitations and informations about events, competitions, workshops, festivals, film reviews in Poland and around the world and other educational and cultural projects implemented by the FILMFORUM and KINOGRAPHE Associations. [the transmitted content does not constitute commercial information] | | |
| ☐ **Yes** | | ☐ **No** |

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|  | Other important information (allergies, accommodation preferences, etc.) | |
|  | | |
| **Place:** ...................................  **Date:** .................................... | | .............................................................................................................................................  legible signature of the Participant preceded by ‘read and approved’ |

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| The completed form should be sent or delivered in person  within the **deadline**, until **8/04/19**, to the following address:  FILMFORUM  ul. gen. Władysława Andersa 35, 00-159, Warszawa, Poland  With the postscript "KINOGRAPHE 2019"  And send by email:  **biuro@filmforum.pl**  (In the subject line, please type: "KINOGRAPHE 2019")  Detailed informations about the workshops are available on the website:  **www.filmforum.pl** |