

**Note to send scanned to** **materialbars@gmail.com** **with additional**

**material requested in the regulations**

**XX FESTIVAL BUENOS AIRES ROJO SANGRE**

**Autorization**

In my role as Producer/Director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I authorize the projection of the mentioned film in XX **Buenos Aires Rojo Sangre Film Festival,** to be held in date to be set between *November-December 2019* on Buenos Aires City, Argentina.

Complete name and sign:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:

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Date:

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