

FAU Film Competition: 275 years of FAU – Participation Form

Personal details

Last name, First name:

Address:

E-mail:

Phone:

- ☐ I am a student
- ☐ I am an alumnus
- ☐ I am a member of staff

Information about the submitted film

Title:

File name:

I have read, understood and accepted the terms and conditions and legal information about the FAU Film Competition: 275 years of FAU.

Place, date

Signature

