

REGISTRATION FORM FOR THE 9TH FISMNC 2018

1- INFORMATION NECESSARY FOR REGISTRATION (WRITE IN CAPS)



9th New Caledonian Festival
of Underwater Imagery

NAME :	First Name :	Birth date:
Address :		
Phone :	E-mail :	

2- PARTICIPATION IN THE COMPETITION

<input type="checkbox"/> Category "photography" <input type="checkbox"/> Digital version of work <input type="checkbox"/> Title of photo GA: Places of shooting: Species : <input type="checkbox"/> Title of photo MP : Places of shooting: Species : <input type="checkbox"/> Title of photo N&B: Places of shooting: Species :	<input type="checkbox"/> Category "Themed Collection" (5 photo) <input type="checkbox"/> Digital version of work <input type="checkbox"/> Title of work :	<input type="checkbox"/> Category Short Film <input type="checkbox"/> copy of the work <input type="checkbox"/> Title of work: <input type="checkbox"/> Synopsis of the work :	<input type="checkbox"/> Category "Clip" <input type="checkbox"/> copy of the work <input type="checkbox"/> Title of work: <input type="checkbox"/> Synopsis of the work :
	<input type="checkbox"/> Category "Slideshow" <input type="checkbox"/> Digital version of work <input type="checkbox"/> Title of work:		

3- CONDITIONS

I undersigned, _____, after having read and accepted the rules of the competitions organized for the 9th Festival of the Underwater Image of New Caledonia, request my registration for these competitions in the categories ticked above.

I acknowledge the organizers the right to use my images for the publicity of the event and their dissemination to the public for the promotion of the underwater image in New Caledonia.

Any incomplete file may be refused by the organizing committee without any recourse.

Made to : _____, the : _____, Signature : _____

festival@sublimage.nc

STRASBOURG

