



PARTICIPATION FORM – 2020-2024 CONTEST

I present the following video film (select one single option)

- As an individual (name and surname) _____
- On behalf of a team (name) _____
- On behalf of an association (name) _____

- Name(s) and surname(s) _____
- Email address _____
- City _____
- Country _____
- I certify that this film has been realised by (an) amateur video maker(s).
- Title of the video film _____

- Duration (between 5' and 50') _____
- Video format (YouTube compatible) _____
- Date of production (xx/yy/zz) _____
- Date of release (xx/yy/zz) _____
- I have read the guidelines of the contest and I shall send this movie to the following address before March 31st, 2024: arwa.info@yahoo.com.
- I certify that I am habilitated to present the scientific results exposed in this movie.
- Signature _____ Date (xx/yy/zz) _____