

**LATC GLOBAL FILM & TV PROGRAM 2018**

**REGISTRATION FORM**

Please complete this form, print, sign, scan and send by e-mail to [program.latc@gmail.com](mailto:program.latc@gmail.com)

**1. PERSONAL INFORMATION**

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| * 1. **Full Name:** | **1.2. Badge Name:** |
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| --- | --- | --- | --- |
| **1.3. Date of Birth:** | **1.4. Nationality:** | **1.5. Passport:** | **1.6. Expiry Date:** |
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| --- | --- |
| **1.7. Address (Street, #):** | **1.8. Address Complement:** |
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| --- | --- | --- | --- |
| **1.9. City:** | **1.10. State:** | **1.11. Zip Code:** | **1.12. Country:** |
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| **1.13. E-mail:** | **1.14. Phone:** |
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**2. PROFESSIONAL INFORMATION**

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| **2.1. Position or Occupation:** | **2.2. Company:** |
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| **2.3. Insert your headshot here:** | **2.4. Short Biography** (up to 500 characters)**:** |
|  |  |
| Your photo will be included in the 'Handbook' of the LATC Global Film and Television Program. | Please insert here your short profesional biography in text format. All written documentation must be in English only. |

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| **2.5. Do you have an Affiliate membership with these associations?** | | **2.6. Have you been participant in previous LATC programs?** | |
| **[ ]** | **NO.** | **[ ]** | **NO.** |
| **[ ]** | **MPA – MOTION PICTURE ASSOCIATION** | **[ ]** | **YES.** |
| **[ ]** | **SIAESP – SINDICATO DA INDÚSTRIA AUDIOVISUAL DE SP** | If YES, please indicate which LATC program or course: | |
| **[ ]** | **SICAV – SINDICATO DA INDÚSTRIA AUDIOVISUAL - RJ** | **.** | |
| **[ ]** | **OTHER. What? .** |  |  |

PS.: Affiliate members of LATC partners and/or LATC alumni, you will have a special 10% to 15% discount in the Registration cost.

**3. REGISTRATION OPTIONS**

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| **Indicate with “X” which Module(s) or Package you will acquire of the LATC Global Film & TV Program 2018:** | |
| **[ ]** | Module Training - Oct 31 (1st day) |
| **[ ]** | Module Networking - Nov 1 (2nd day) |
| **[ ]** | Module AFM Market Preparation - Nov 2 (3rd day) |
| **[ ]** | Module L.A. & Studios Tour - Nov 2 (3rd optional day) |
| **[ ]** | Module Business - Nov 3 (4th day) |
| **[ ]** | Package 1: Four modules with hotel accommodation between Oct30-Nov4 (5 nights with double occupancy) |
| **[ ]** | Package 2: Four modules with hotel accommodation between Oct30-Nov4 (5 nights with double occupancy) and participant’s project or finished inclusion in LATC Office Line-up |
| **[ ]** | Package 3: Four modules with hotel accommodation between Oct30-Nov6 (7 nights with double occupancy), Industry Badge and complete access to the LATC Representation Office and more benefits |

**4. PAYMENT OPTIONS**

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| **Indicate with “X” what's your Payment Method:** | |
| **[ ]** | PayPal System: Payments with your PayPal account or international credit card |
| **[ ]** | Bank Transfer to LATC account in the U.S. |
| **[ ]** | Bank Transfer to LATC account in Brazil |

PS.: After to complete this form and send to us, you will receive by e-mail a Paypal Link or the LATC Invoice with bank instructions.

**5. TERMS AND CONDITIONS**

**In order to contract the LATC Global Film & TV Program, please read carefully the terms and conditions below.**

|  |
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| I assume responsibility for the accuracy of all information provided in this registration form. |
| I declare I retain the copyright and other relevant rights of all material included in the project I am presenting in the LATC GLOBAL FILM & TV PROGRAM in Los Angeles and have full rights to present it to potential partners in the U.S. |
| I agree to hold LATC, its officers and its staff harmless and exempt from any legal responsibility in connection with the project submitted. |
| I agree to participate in all module(s) activities as scheduled. In the event I fail to attend scheduled activities, registration fee paid to LATC will be forfeited; |
| I also agree to accept eventual alterations and/or substitutions in planned activities, with no previous warning, which may occur based on professionals’ availability. |

I declare that I have read and that I accept the above terms and conditions.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_