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**2016 LATIN AMERICA-US SCREENPLAY TREATMENT COMPETITION**

**Application form**

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| --- |
| **FULL NAME:** |
| **ID number:** |
| **DATE OF BIRTH:** |
| **ADDRESS:** |
| **CITY:** |
| **STATE:** |
| **COUNTRY:** |
| **POSTAL CODE:** |
| **E-MAIL:** |
| **PHONE NUMBER:** |
| **DEGREE TYPE & DATE:** |
| **UNIVERSITY:** |
| **TITLE OF THE TREATMENT:** |

I declare that I am not the screenwriter of any feature film produced to date, and that I have read and that I accept the terms and conditions established in the Regulations of the 2016 Latin America-US Screenplay Treatment Competition organized by LATC.

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

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ATTACHMENTS:

Scanned photo ID (driver’s license, passport page or Cédula de Identidad);

A script treatment, in Spanish or English, in the following format:

File format: Word.doc;

Up to 3 pages, numbered;

Formatting: Times New Roman; Size 12; 1,5 Line spacing;

Upper, lower, left and right margins: 2,5cm.