

**LATC REPRESENTATION OFFICE**

**APPLICATION FORM**

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

**1. APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| * 1. **Full Name:** | | **1.2. Badge Name:** |
|  | |  |
| **1.3. E-mail:** | | **1.4. Phone:** |
|  | | + |
| **1.5. Position or Occupation:** | **1.6. Company:** | |
|  |  | |

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| --- | --- | --- | --- |
| **1.7. Do you have an Affiliate membership with these associations?** | | **1.8. 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.

**2. FILM/PROJECT TITLE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.1. Original Title:** | | | | |
|  | | | | |
| **2.2. English Title:** | | | | |
|  | | | | |
| **2.3. Format:** | | | **2.4. Status:** | |
| **[ ]** | **FICTION FILM** | | **[ ]** | **SCREENPLAY** |
| **[ ]** | **DOCUMENTARY FILM** | | **[ ]** | **PROJECT DEVELOPMENT** |
| **[ ]** | **TV SERIES** | | **[ ]** | **PRE-PRODUCTION** |
| **[ ]** | **DOCUMENTARY SERIES** | | **[ ]** | **POS-PRODUCTION** |
| **[ ]** | **OTHERS. What? .** | | **[ ]** | **COMPLETED** |
| **2.5. Estimated running time in minutes:** | | **2.6. Co-production Company(ies):** | | |
|  | |  | | |
| **2.7. Country(ies):** | | **2.8. Original Language:** | | |
|  | |  | | |
| **2.9. Total budget in USD:** | | **2.10. Budget secured to date in USD:** | | |
|  | |  | | |

**3. SYNOPSIS** (up to 2100 characters)

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**4. DIRECTOR INFORMATION**

|  |  |
| --- | --- |
| **4.1. Full Name:** | **4.2. Country:** |
|  |  |
| **4.3. E-mail/ Website:** | **4.4. Phone:** |
|  | + |
| **4.5. Short Biography** (up to 200 words)**:** | |
|  | |

**5. PRODUCTION INFORMATION**

|  |  |
| --- | --- |
| **5.1. Production Company:** | **5.2. Website:** |
|  |  |
| **5.3. Producer Full Name:** | **5.4. Country:** |
|  |  |
| **5.5. E-mail:** | **5.6. Phone:** |
|  | + |
| **5.7. Producer or Production Company Short Biography** (up to 200 words)**:** | |
|  | |

**6. MAIN OBJECTIVE AT THE AFM**

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**7. REGISTRATION OPTIONS**

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| --- | --- |
| **Indicate with “X” which LATC Representation Office registration option you will acquire:** | |
| **[ ]** | LATC Representation Office (includes Industry Badge, Cinando, MyAFM, on-site support and more benefits). |
| **[ ]** | LATC Office Line-up (inclusion of your project/film in The Film Catalogue and AFM catalog through LATC) |
| **[ ]** | Additional Cost per Project/ film 1 |
| **[ ]** | Additional Cost per Project/ film 2 |

**For more information see** [**https://latamtrainingcenter.com/representation-office**](https://latamtrainingcenter.com/representation-office) **or contact us at office.latc@gmail.com**

**8. PAYMENT OPTIONS**

|  |  |
| --- | --- |
| **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 |

**9. TERMS AND CONDITIONS**

**In order to contract the new LATC Representation Office, please read carefully the terms and conditions below.**

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| 9.1. The LATC Representation Office at the 2018 AFM is provided exclusively for use by individuals authorized by LATC. |
| 9.2. Meetings at the Office must be scheduled in advance through an authorized LATC representative. |
| 9.3. The LATC Office Line-up Brochure will consist of material and images of each film/project provided by each producer. The Producer is legally responsible for the copyright of materials and images and exempts LATC from any responsibility for said material and images. |
| 9.4. LATC agrees to display poster and other materials provided by the producer for each film/project, subject to available space in the LATC Office. |
| 9.5. Producers unable to be present at AFM who wish to include their film/project in the LATC Representation Office at the 2018 AFM will do so through a separate “Representation Agreement Letter.” This agreement letter is our standard LATC Agreement and may be adjusted to meet the specific needs and characteristics of the producer in question. |
| 9.6. LATC agrees to arrange for 3 meetings with potential buyers, distributors, co-producers based on the profile of the film/project submitted. Meetings may be held in the LATC Office or at other locations by mutual agreement. |
| 9.7. LATC agrees to make every effort to promote the producer’s film/project but cannot guarantee any concrete commercial results. |
| 9.8. LATC will provide individual on-site support and orientation for the AFM upon request and subject to time constraints. |
| 9.9. LATC will provide on AFM Industry Badge (November 3-6) for access to the market premises. Additional day access is available for purchase. |
| 9.10. LATC will ensure that each film/project submitted with appropriated materials will be included in AFM publications, Cinando and The Film Catalogue. |
| 9.11. LATC will offer a personalized preparatory meeting, in person or via Skype, prior to the AFM, upon request. |
| 9.12. Through a special partnership with LATC, the CDAS Law Firm will offer a half hour of free legal consultation upon request, which may take place in the LATC Office, in the CDAS Office in Beverly Hills or another location by mutual agreement. |
| 9.13. Additional services by LATC are available upon request. |

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

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

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