



## AUTHORIZATION FORM

Film title: \_\_\_\_\_

Director: \_\_\_\_\_

Distribution / Rights Holder: \_\_\_\_\_

I authorize the screening of this title at MONSTRA Festival, according to previous agreement with the festival organization, in a determined number of public exhibitions, dates and venues, during the festival dates.

Yes

No

I authorize MONSTRA organization to use parts of the film, up to 10% of its duration (but no more than 3 min. on feature films, or 1 min. in short films) **or** a provided trailer for the festival's promotion.

Yes

No

I authorize MONSTRA organization to use still images of the film and all the documentation accompanying the film, for promotional purposes, including the festival's press kit, catalogue, website, newsletter, social media and other promotional materials.

Yes

No

I authorize the screening of the film in MONSTRA decentralization programs being held after the festival dates in Lisbon, in other national and / or international cities. If agreed, the organization shall inform about the required number of screenings, dates and venues before the screenings take place.

Yes

No

I declare the information stated above is complete, accurate and true and other details regarding the screening of the film were previously discussed with the organization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Stamp

*Note: Personal data will be only used for this term. Authorization Form becomes only valid in case of official selection to MONSTRA 2024.*