



VisualContainer

ORDER FORM	
Company	
Referee name	
Fiscal Code / VAT code	
Mobile	
E-mail	
DATI DEL/DELLE OPERA/E	
Full name of the AUTHOR/AUTHORS	
Full title of the requested videoart work(s)	
ALTRI DATI	
Screening date (from /to )	
N. of Day	
Tipology (public screening, video compilation, etcc)	
Location (cinema, festival, event, exhibition, etcc)	
Fill in and send to: <a href="mailto:amministrazione@visualcontainer.org">amministrazione@visualcontainer.org</a>	

The herein filled order form confirms the request of the above mentioned videoart work(s) and the full acceptance of the terms and conditions of rental, including the estimate of the rental cost to be prospectively agreed.

Date,

Signature

.....