

## ENROLMENT FORM FOR THE MOVIEMED MEETINGS 18 AND 19 JANUARY 2010

### GENERAL INFORMATION

You represent :

A private company     A public body     A not-for-profit organisation

Name of structure : \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2 : \_\_\_\_\_

Postcode : \_\_\_\_\_ City : \_\_\_\_\_ Country : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

### PERSONAL INFORMATION :

Family name : \_\_\_\_\_

First name : \_\_\_\_\_

Position in organisation : \_\_\_\_\_

Mobile phone : \_\_\_\_\_

### Number of badges required :

Please give names, first names and positions of those accompanying you :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to attend the following events at the MovieMed meetings on January 18<sup>th</sup> and 19<sup>th</sup> 2010 :

Project Market

Training session on Shoot Facilitation

Master Class on Co-production and Finance opportunities

Exhibition and meeting area (further details available)

**Please return the completed enrolment form by December 20<sup>th</sup> 2009 to :**  
**[richard.bower@ccimp.com](mailto:richard.bower@ccimp.com) or by fax : +33 491395600**

Avec la participation de :

Conseil Régional PACA, EuFCN, la Commission Régionale de Film PACA, Atout France, la Ville de Marseille / Mission cinéma, Provence Promotion, Euroméditerranée, le CMCA, l'INA Méditerranée, Neon Productions et le Prides Image.

