



**PRESS ACCREDITATION REQUEST** Valid for one person

*return by email to:* [comunicazione@castellinaria.ch](mailto:comunicazione@castellinaria.ch)

*deadline* **8** November

Castellinaria Festival del cinema giovane | C.P. 1239 | 6502 Bellinzona | +4176 336 55 53

Last name

Name

Mobile

Phone

Email

Media

Address

Press                      TV                      Radio                      Press agency

Internet                      Blog                      Other

Daily                      Weekly                      Monthly

Other

For TV and Radio  
*name of the program*

Address during the Festival  
*hotel or other*

From      /      to      /                      Phone

Company stamp

Date and signature