**CITY MONTESSORI SCHOOL, LUCKNOW, INDIA**

**13th CMS LKO INTERNATIONAL CHILDREN'S FILM FESTIVAL (15th to 21st April 2024)**

**DELEGATE REGISTRATION FORM**

***(Maximum two Delegates are allowed per film entry & both the Delegates have to fill separate entry forms)***

**PERSONAL DETAILS**

Please place your photograph here

**01) Name: .................................................................................................................**

**02) Age:.............................................. Date of Birth ..................................................**

**03)Address................................................................................................................**

**............................................................................................................................................................**

**City............................Pin.......................State............................Country.........................................**

**04) Designation:...................................................................................................................................**

**05) Qualification –Academic: .............................................................................................................**

**06) Qualification –Professional:..........................................................................................................**

**07) Email Address .........................................................Mobile No.:………………………………**

**PROFESSIONAL DETAILS**

**08) Institution/Company/Firm............................................................................................................**

**09) Designation:.....................................................................................................................................**

**10) Office Address: ...............................................................................................................................**

**City.......................................Pin.......................State............................Country..................................**

**11) Website Address........................................................Email-id......................................................**

**Only for Media Students**

**12) Name of Institution........................................................................................................................**

**13) Course undertaking ............................................................................**

**14) Address ........................................................................................................................................**

**City.......................................Pin.......................State............................Country.................................**

**15) Give details about yourself as a film maker/writer/editor/media student: ..................................................................................................................................................................**

**..................................................................................................................................................................**

**16) 1) Name of the Film Screened at 13th CMS LKO ICFF- 24..…………………………………**

 **2) Dates of Screening as per the schedule ……………………………………………………..**

 **3) Show-time and Theatre …………………………………………………………………….**

**16) Please enclose your Bio data along with this form (optional)**

**I certify that the above given details are true to the best of my knowledge. Kindly register me as a delegate for CMS 13th International Children’s Film Festival 2024 (CMS-LKO-ICFF-24)**

**Date............................. Signature ............................................**

**Place............................ Name (...................................................)**

**CMS Films & Radio Division**

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