



**MAURITIUS FILM DEVELOPMENT CORPORATION**

**3<sup>RD</sup> EDITION – 7 DAY CHALLENGE 2017**

***REGISTRATION FORM***

TITLE: MR/MRS/MS : .....

LAST NAME OF PRODUCER : .....

OTHER NAME(S) : .....

ADDRESS : .....

EMAIL ADDRESS : .....

PHONE NO. : .....

MOBILE NO. : .....

**DECLARATION**

*I hereby declare having taken cognizance of the Concept and guidelines of the 7 Day Challenge and agree to produce a film of 13 minutes accordingly.*

Name.....

Signature.....

Date.....

**Phone No: 696 3137**

**Fax No: 697 9688**

**Email: mauritiusfilm@intnet.mu**