

To:
Museum Management of archeoParc
Schnalstal
Unser Frau 163
I-39020 Schnals Italy
Phone: +39 0473 676020
e-mail: info@archeoparc.it

Request for Permission for Video Recording, Audio Recording, or Photography in the archeoParc Schnals Valley

- | | |
|--|--|
| <input type="checkbox"/> Current reporting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Outside current reporting | <input type="checkbox"/> Audio recording |
| | <input type="checkbox"/> Video recording |

Applicant/Contracting party

Company/Broadcaster:

Legally responsible person (Last name, First name):

Description of the project:

What scenes/motifs are to be recorded in the archeoParc?

Is there a content reference to the archeoParc?

Desired days and times of recording at the archeoParc (including set-up and break-down time):

Location(s) and objects that are to be recorded at the archeoParc:

For recording at the site where Ötzi
was discovered:

helicopter or mountain guide to
be arranged by us

archeoParc will organize transportation and permission

Number of people to be transported:

Desired date:

Duration of shooting at the Tisenjoch:

: Ötzis Lebensraum entdecken *scoprire il mondo di Ötzi*

Purpose(s) of use of the recordings and the desired rights:

For example: editorial reporting about the archeoParc, scientific reporting, feature film, illustrated book, reference book, non-fiction book, advertising, travel guide, DVD sale, etc.

Desired consultation, tours, or interview partner, if applicable:

Equipment and material desired, if applicable:

For example: fire, smoke, clothing, tools, plants, containers, food, etc.

Invoicing information

Invoicing address:

Company, building number and street, postal code, city, country, sales tax ID no.

Invoicing contact person:

e-mail:

Onsite Video Team

Team size:

1-3 people 4-6 people Other number:

Technical equipment:

You are bringing along:

- Tripod
- Floodlights
- Camera crane
- Other aids:

You need:

- Electrical connections (domestic power):
- Parking places (indicate number):
- Complete closure of the open-air area
- Other:

Catering

You are bringing along/organizing yourself: You would like from us:

Team contact person:

Mobile telephone no.:

e-mail:

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Date and signature of the person making inquiry: