



## APPLICATION FOR NEW BROADCASTER PARTICIPANTS IN THE PRIX ITALIA International Competition for Radio & Podcast, Television and Digital

The **[BROADCASTER NAME]**, a broadcaster headquartered in **[CITY]** – **[COUNTRY]** requests to be admitted in the Prix Italia Competition.

The applicant declares that it is familiar with, and accepts

- the General Regulations of the Prix Italia,
- the current year Edition Regulations,
- the current year Special Prize(s) Regulations,
- the technical requirements, deadlines, and procedures for submitting products in competition,

as they are available for consultation on the Prix Italia website [www.rai.it/prixitalia](http://www.rai.it/prixitalia).

---

We request to participate in the following section/s of the Competition:

Radio & Podcast  Television  Digital

and we provide, under our own responsibility, the following data on the organization:

**FULL OFFICIAL NAME OF THE BROADCASTER** (original language):

**OFFICIAL ACRONYM** (if any):

**MAIN WEBSITE URL:**

**LEGAL STATUS** (Public Service / Private Company / Other, specify):

**TYPE OF BROADCASTING** (Terrestrial / Satellite / Cable / Other, specify):

---

THE FOLLOWING PERSON(S) will be ultimately responsible for the procedures related to the Prix Italia Competition (e.g. Head of International Relations, Head of Festivals, etc. – max 2 persons):

Mr / Ms / Mx  
FIRST NAME:  
FAMILY NAME:  
EMAIL ADDRESS:  
PHONE NUMBER:  
POSITION:

Mr / Ms / Mx  
FIRST NAME:  
FAMILY NAME:  
EMAIL ADDRESS:  
PHONE NUMBER:  
POSITION:

---

THE FOLLOWING CONTACT PERSON(S) will be responsible for uploading the competing productions, and shall be granted access to the online platform of Prix Italia (max 3 persons):

Mr / Ms / Mx  
FIRST NAME:  
FAMILY NAME:  
EMAIL ADDRESS:  
PHONE NUMBER:

Mr / Ms / Mx  
FIRST NAME:  
FAMILY NAME:  
EMAIL ADDRESS:  
PHONE NUMBER:

Mr / Ms / Mx  
FIRST NAME:  
FAMILY NAME:  
EMAIL ADDRESS:  
PHONE NUMBER:

---

This application form has been filed under the responsibility of **[FULL NAME]** (\*), in his/her responsibility of **[POSITION]**, which he/she signs below:

(\*) one of the persons listed above as responsible.

**[DATE]**

**[STAMP AND SIGNATURE]**