



museo
galileo

Istituto
e Museo
di Storia
della Scienza

Form for requesting authorization to filming in the Museo Galileo and conditions of implementation

I the Undersigned _____

Company name or Entity _____

Address _____

VAT Identification Number _____

Taxpayer Code _____

Recipient code _____

Tel.: _____ e-mail: _____

Hereby accept the conditions set out in the **Regulations** and REQUEST authorization to film the following scientific items and/or exhibition rooms:

- _____
- _____
- _____

Details of implementation:

- number of people who make up the crew _____
- time needed for filming _____
- type of equipment used (camera dolly not allowed) _____

- number and intensity of light sources _____
- use and purpose

- preferential method of insurance coverage:
 - public liability insurance, policy No.
 - security deposit

Having read the privacy policy statement for the personal data processing about the users of services published on the website of the Museo Galileo, pursuant to Articles 13 and 14 of Regulation (EU) 2016/679, made by the Data Controller under Article 7 of the aforesaid Regulation, I hereby give my consent to the processing of data aimed at the provision of the requested service.

Date _____

Signature _____

+

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answering machine

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