

**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:

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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 \_\_\_\_\_\_\_\_\_

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* 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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