

REVOCATION FORM

(If you wish to revoke this contract, please fill in this form and send it back to us.)

To:
VIENNALE Vienna International Film Festival
Siebensterngasse 2
1070 Vienna
Fax +431/52 34 172
Email office@viennale.at

I/We (*) hereby give notice that I/we (*) withdraw from my/our (*) contract of sale of the following goods

Ordered on (*)/received on (*): _____

Name of consumer(s): _____

Address of consumer(s): _____

Signature(s) of consumer(s)
(Required only in the case of notification on paper):

Date: _____

(*) Delete as applicable.