

“VEM MEDITERRAR!”
II FESTIVAL DOS CINEMAS DO MEDITERRÂNEO

ENTRY FORM

To be sent with DVD copy of the film. The following film is submitted to this Festival

Film:

Original title _____

Portuguese title _____

English title _____

Brief synopsis _____

Feature film Short film Documentary film Animation film

Running time _____ Length _____ Value of print _____ €

Number of reels Black & White Optical sound Dolby stereo Dolby Digital

Scope 1:1.85 1:1.65 1:1.37 Process 35mm 16mm Video Btcam

Producer:

Name of the Producer _____

Address _____

Telephone _____ Fax _____

Email _____

Country of Production _____

Country of Co-production _____

Export Agent:

Name of the Agent _____

Address _____

Telephone _____ Fax _____

Email _____

Production:

Director _____

Information about the Director _____

Script _____ Editing _____

Music _____

Production date _____ Date of the first screening _____ Cinema TV

Festivals where the film has been screened _____

Awards _____

Promotion:

In order to enable the promotion of your film at the national and foreign TV stations attending the Festival, we would appreciate you could send us excerpts of the film and its trailer, with a maximum length of five minutes, which will be returned back to you with your print within one week after the end of the Festival.

Trailer (Btcam SP) Yes No Date of sending the Trailer _____

Running time _____

Following material enclosed:

Set of 10 photos, slides or digital Press Kit Set of 10 Flyers and Press Books

5 posters Other materials _____

Further information can be obtained from:

Name _____

Address _____

Telephone _____ Fax _____

Email _____

The Festival will not return any DVD or VHS and materials sent for Festival's selection.

I assure that the information given is correct, that I own all rights to the film inscribed, and I agree with the regulations of the

“VEM MEDITERRAR!” II FESTIVAL DOS CINEMAS DO MEDITERRÂNEO.

Date _____ Signature _____