

ENTRY FORM MAREMETRAGGIO SECTION

ORIGINAL TITLE

ENGLISH TITLE

FILM GENRE

FICTION DOCUMENTARY ANIMATION EXPERIMENTAL

RUNNING TIME (max 20')

DIRECTOR

FIRST NAME:

LAST NAME:

ADDRESS:

ZIP CODE:

CITY:

PHONE NUMBER:

MOBILE:

E-MAIL:

CONTACT FOR THIS FILM

DIRECTOR PRODUCTION CO-PRODUCTION
 DISTRIBUTION OTHER

IF OTHER, PLEASE SPECIFY:

PRODUCTION

NAME OF THE COMPANY:	
CONTACT:	
ADDRESS:	
ZIP CODE:	CITY :
PHONE NUMBER:	
MOBILE:	
E-MAIL:	
WEBSITE:	

CO-PRODUCTION

NAME OF THE COMPANY:	
CONTACT:	
ADDRESS:	
ZIP CODE:	CITY :
PHONE NUMBER:	
MOBILE:	
E-MAIL:	
WEBSITE:	

DISTRIBUTION

NAME OF THE COMPANY:	
CONTACT:	
ADDRESS:	
ZIP CODE:	CITY :
PHONE NUMBER:	
MOBILE:	
E-MAIL:	
WEBSITE:	

CREDITS

SCREENPLAY:
DIRECTOR OF PHOTOGRAPHY:
EDITING:
MUSIC:
COSTUME DESIGNER:
SCENOGRAPHY:
SOUND ENGINEER:
CAST:
<input type="checkbox"/> COLOR <input type="checkbox"/> B&W
YEAR OF PRODUCTION:
COUNTRY OF PRODUCTION:
ORIGINAL FORMAT: <input type="checkbox"/> MINI DV <input type="checkbox"/> BETA SP <input type="checkbox"/> DIGI BETA <input type="checkbox"/> 35MM <input type="checkbox"/> OTHER
IF OTHER, PLEASE SPECIFY:
SCREENING FORMAT: <input type="checkbox"/> MINI DV <input type="checkbox"/> BETA SP <input type="checkbox"/> DIGI BETA <input type="checkbox"/> OTHER
IF OTHER, PLEASE SPECIFY:
IS THE SCREENING COPY SUBTITLED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE SPECIFY THE LANGUAGE: <input type="checkbox"/> EN <input type="checkbox"/> ITALIAN
SCREEN RATIO: <input type="checkbox"/> 1:37 <input type="checkbox"/> 1:66 <input type="checkbox"/> 1:85 <input type="checkbox"/> SCOPE <input type="checkbox"/> OTHER
IF OTHER, PLEASE SPECIFY:
SOUND: <input type="checkbox"/> OPTICAL <input type="checkbox"/> MAGNETICAL <input type="checkbox"/> MONO <input type="checkbox"/> DOLBY A <input type="checkbox"/> DOLBY SR <input type="checkbox"/> DOLBY SRD
VALUE OF THE COPY IN IN €:

SYNOPSIS (800 characters max)

Lined area for writing the synopsis.

BIOGRAPHY OF THE DIRECTOR

Lined area for writing the biography of the director.

FILMOGRAPHY OF THE DIRECTOR

Lined area for writing the filmography of the director.

THE SCREENING COPY WILL BE SENT BY:

DIRECTOR PRODUCTION CO-PRODUCTION DISTRIBUTION OTHER

IF OTHER, PLEASE SPECIFY:

AFTER THE FESTIVAL THE COPY MUST BE SENT BACK TO:

DIRECTOR PRODUCTION CO-PRODUCTION DISTRIBUTION OTHER

IF OTHER, PLEASE SPECIFY THE SHIPPING ADDRESS:

Me the undersigned, pursuant to Legislative Decree no. 196/2003, allows the processing of the data and authorizes the selective use of them, only for purposes related to the festival. I even authorize the use of the DVD for possible screenings inside schools, clubs, etc.

Date _____

Signature _____

Materials to be sent by the 28th of February 2013:

- TWO DVDs OF THE SHORT FILM (BETTER IF SUBTITLED)
- ENTRY FORM PRINTED AND FILLED IN (FAILURE TO FILL WILL CAUSE THE EXCLUSION FROM THE SELECTION)

Shipping address:

FESTIVAL MAREMETRAGGIO
Piazza Duca degli Abruzzi 3
34121 TRIESTE - ITALY

Please write outside the package:

MAREMETRAGGIO SECTION
FOR CULTURAL PURPOSES ONLY – NO COMMERCIAL VALUE