

# SUBMISSION FORM

Fields with \* are obligatory

## FILM

\*Award: \_\_\_\_\_

\*Original title: \_\_\_\_\_

English / Italian title: \_\_\_\_\_

\*Language: \_\_\_\_\_

\*Country of production : \_\_\_\_\_

\*Year of production: \_\_\_\_\_

\*Running time: \_\_\_\_\_

Genre: \_\_\_\_\_

\*Colour: \_\_\_\_\_

\*Format: \_\_\_\_\_

\*Sound: \_\_\_\_\_

\*Synopsis (max 5 lines):

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

## SCRIPTWRITER

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel. / Mob phone \_\_\_\_\_

Email: \_\_\_\_\_

**\*DIRECTOR**

\*Name: \_\_\_\_\_

\*Surname: \_\_\_\_\_

\*Postal address: \_\_\_\_\_

\*Email: \_\_\_\_\_

**\*Bio/filmography:**

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

**\*CAST (max 5 )**

Name \_\_\_\_\_ Surname \_\_\_\_\_ Character \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ Character \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ Character \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ Character \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ Character \_\_\_\_\_

**\*PRODUCTION COMPANY**

\*Company: \_\_\_\_\_

\*Contact: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Tel./Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

**\*RETURN**

**Address to return the film:**

\*Contact: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Tel./Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

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**DATE**

**SIGNATURE**