



9th CYPRUS FILM DAYS - INTERNATIONAL FILM FESTIVAL 2011

ENTRY FORM

General Information

- Original Title*
- Title in English*
- Nationality of the Film*
- Year of Production*
- Date of Theatrical Release in Country of Production
- Language of the Original Version*
- English Subtitles*
- Synopsis*
- Premiere Status*
- Will the Film be shown before the Cyprus Film Days IFF
- Festival History

Awards

YES <input type="checkbox"/> NO <input type="checkbox"/>	
max 500 Characters (See Notes)	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE	FESTIVAL

Technical Information

Shooting Format*
Screening Format*
Aspect Ratio*
Speed
Colour*
Running Time*

35mm	YES <input type="checkbox"/>
	YES <input type="checkbox"/>

Print

Value
Reels
Length

Prints must be sent in CLEARLY NUMBERED REELS AND IN GOOD CONDITION

Contacts

Director
Title*
First Name*
Last Name*
Company
Address*
City
ZIP
Country*
Phone*
Mobile
Fax
Email*
Website

Materials

When sending your Entry Form, please submit the following material (THE DVDs AND THE ENTRY FORM BY MAIL POST AND THE REST BY EMAIL):

- DVDs of the Film (with English Subtitles) - 2 Copies -
- Summary of the Film in English in electronic form (e.g. MS Word)
- Full Credit List in electronic form
- Director's biographical notes and filmography (film title and production year) in electronic form

Applicant

Director

Producer

THE PERSON COMMITS TO REFRAIN FROM WITHDRAWING THE FILM FROM THE FESTIVAL

* I have read and understood Cyprus Film Days IFF Rules & Regulations and hereby confirm that agree to it

YES	<input type="checkbox"/>
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* I declare that I am the legal screening rights holder of the submitted film.

YES	<input type="checkbox"/>
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SIGNATURE

DATE

9th Cyprus Film Days - International Film Festival 2011

ADDRESS:

RIALTO Theatre
PO BOX 50332, 3603 Limassol, Cyprus

EMAIL: info@filmfestival.com.cy

TEL: 35725343900
35799407856