

FILM SUBMISSION FORM



Contact Information

Contact name: _____
Production company name: _____
Mailing address: _____
City: _____ Postal/Zip code: _____
Country: _____
Telephone: _____ Fax: _____ Email: _____
How did you hear about Shorts International: _____

Film Information

Title in English (If applicable): _____
Country of Origin : _____ Original Language: _____
Total Running Time: _____mins_____sec Date Completed: _____
Film Synopsis: _____

Director _____
Writer _____
Producer _____
DP _____
Editor _____
Cast _____
Student Film: NO YES, School?
SAG Agreement: NO YES, Specifics (i.e. Experimental, Student, etc.)

Please tick all the boxes that apply:

Genre: Live-Action Animation
Animation Style: CGI 2D Stop-Motion Flash
Category: Comedy Action Drama Documentary Thriller Sci-Fi
Gauge: 35MM Hi-Def Digital Mini-DV 16MM
Format: Color B&W
Video Framing: Full Pan & Scan LB 2.35 LB 1.85 LB 16X9 _____
Sound: Dolby SR Dolby A Optica Mono Stereo
Dialogue: English French Spanish None Other
Subtitles: No Yes, in what language?
M&E Track: No Yes
Surround: No Yes, specifics (ie: Dolby Pro-Logic, 5.1, etc)
Closed Captioned: No Yes
Edited on Final Cut Pro? YES NO
Content Issues: Nudity Swearing Violence Other _____

DVD Screener: Multi-Region NTSC PAL
Film festival appearances _____
Film festival Awards _____
On-line exposure _____
Off-line exposure _____
Academy Award Qualifier Yes No
If yes: Festival Winner 4-Walled Student Academy Winner
If festival winner, which festival _____
Prior exhibition & sales _____

Please send this form along with DVD screeners to:

Simon Young

Shorts International
6-8 Luke St
London EC2A 4XY
UK

Linda O

Shorts International Ltd
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Toluca Lake
CA 91610
USA