

TEMPS D'IMAGES PRÉMIOS DE CINEMA PARA FILMES SOBRE ART 2014

APPLICATION FORM

DATE

ORIGINAL TITLE

ENGLISH TITLE

DIRECTOR

COUNTRY OF ORIGIN

YEAR OF PRODUCTION

PRODUCTION COMPANY

PRODUCER

DISTRIBUTION

SCRIPT

PHOTOGRAPHER

EDITOR

SOUND

MUSIC

MAIN CHARACTERS

OTHERS

SYNOPSIS (FOR THE USE IN CATALOGUE!)

RUNNING TIME IN MIN

LANGUAGE

SUBTITLES

YOUR NAME

YOUR FUNCTION

YOUR EMAIL

YOUR PHONE

YOUR ADDRESS

FIRST SCREENED WHERE

AWARDS

DIRECTOR'S EMAIL

DIRECTOR'S PHONE NUMBER

DIRECTOR'S ADDRESS

YOUR COMMENT / MESSAGE

Herewith I sign that I have read and agreed with the regulation of the competition "TEMPS D'IMAGES FILM AWARD FOR FILMS ON ART". I am authorized to submit the film to the competition.

Herewith I sign that I permit in case of selection, that my film will be screened in extensions of the festival in Portugal if any. I will receive documentation material about each screening.
