SHORT FILM CONTEST 2016: “WATER”  
Submission Form

Entries must be sent on or before September 15th, 2016 to be eligible and include this form and a preview copy as either DVD, BluRay or online Video Link.

For online submissions please provide link and password (if necessary) below.

FILM DETAILS

Please note that English subtitles are mandatory for any language except English.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Film title: |  | | | | | | | | | | | |
| English film title: |  | | | | | | | | | | | |
| Original language(s): |  | | | | | | | | | | | |
| Contest category: Running time:  (including Credits) | **Category A** Max: 3 min | | |  | | | **Category B** Max: 30 min | | |  | | |
| Synopsis: |  | | | | | | | | | | | |
| Production Year: |  | | | | Production Country: | | | |  | | | |
| Production Company: |  | | | | Distribution Company: | | | |  | | | |
| Director: |  | | | | Photography: | | | |  | | | |
| Screenplay: |  | | | | Editing: | | | |  | | | |
| Cast: |  | | | | | | | | | | | |
| Genre: | Fiction | | Documentary | | | Animation | | Experimental | | | Other | |
| Film format: | 35mm | | 16mm | | | DCP | | BluRay | | | Video File | |
| Picture: | Black/White | | | | | | Colour | | | | | |
| Aspect Ratio: | 1:1,33(37)  4/3 | 1:1,66 | | | 1:1,77  16/9 | | 1:1,85 | | 1:2,35(40)  CinemaScope | | | Other |
| Sound: | Mono | | | | Stereo 5.1 Surround | | | | Other | | | |
| Premiere Status: | World | European | | | Austrian | | Regional | | Vienna | | | None |
| Which festivals have presented this film before? |  | | | | | | | | | | | |
| Awards: |  | | | | | | | | | | | |

If you don´t want to send a preview DVD/BD, please fill out the following:

|  |  |
| --- | --- |
| Preview link: |  |
| Password  (if necessary): |  |

SUBMITTER´S CONTACT INFO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Last Name |  | **♀** | **♂** |
| Adress: |  | | | | |
| Email: |  | | | | |
| Phone Number: |  | | | | |
| Web Page: |  | | | | |

With my signature I confirm that I have read and agree to the submission regulations provided by the JFW16,

I also confirm that I have the rights to submit the above mentioned film.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please send this form to:

[OFFICE@JFW.AT](mailto:OFFICE@JFW.AT)

Please send the Preview Copy to:

Jüdisches Filmfestival Wien

Penzinger Strasse 35/6/21

1140 Wien

AUSTRIA

Preview Copies cannot be returned