



ENTRY FORM

Deadline: 1 February 2018

FILM

Original Title		<input type="text"/>	
Director and Nationality			
<input type="text"/>			
Country of Production			
<input type="text"/>			
Running Time		Year of Production	
<input type="text"/>		<input type="text"/>	
Language	<input type="text"/>	Subtitles	<input type="text"/>
			No Dialogue <input type="checkbox"/>
Dokumentary	Experimental	Animation	Feature Film
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's film		Other	
<input type="checkbox"/>		<input type="checkbox"/>	
Link			
<input type="text"/>			

CONTACT INFORMATION

Name		<input type="text"/>	
Address			
<input type="text"/>			
E-Mail			
<input type="text"/>			
Phone	<input type="text"/>	Website	<input type="text"/>
Personal Appearance at the Festival		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
How did you hear about OderKurz-Filmspektakel?			
<input type="text"/>			

In signing this entry form, the submitter agrees to abide by the festival's "Terms and Conditions".

Date	Signature
<input type="text"/>	<input type="text"/>

Contact: film@oderkurz-filmspektakel.de