



ENTRY FORM

Deadline: 31 December 2018

FILM

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

CONTACT INFORMATION

Name*	<input type="text"/>					
Address	<input type="text"/>					
E-Mail*	<input type="text"/>	I want to receive the newsletter <input type="checkbox"/>				
Website	<input type="text"/>					
Phone	<input type="text"/>					
How did you hear about OderKurz-Filmspektakel? Is there anything else you want to tell us?						
<input type="text"/>						

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

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

Contact: film@oderkurz-filmspektakel.de