

ITALIANMIX 2012
19-21 Oct.
ENTRY FORM

Production credits

Director:

Editor:

Producer:

Sound Designer:

Screenwriter:

Composer:

Cinematographer:

Cast:

Submitted by

Name:

Address:

Role in Production:

Zip Code:

Phone:

City:

Mobile:

Province:

Fax:

Country:

E-mail:

About the work

Title:

Duration :

Year of production :

Format:

Nationality:

Brief description of the work (5 lines max)

Production tools and formats

Please indicate production tools and formats:

Mini-DV HD Other:

Digital Betacam 35 mm

16 mm DVPRO

DVCAM Super 8



Submission Format

DVD Pal

Genre

Narrative Experimental Design
 Documentary Animation Music Video

Other Festivals, Awards, Screenings

Please name camera and software applications utilized (be specific)

Camera Model(s):

Audio /Sound Software:

Editing Software:

Computer Model(s):

Total and unreserved acceptance of the ITALIANMIX submission guidelines and terms and conditions

yes no

Authorization to use personal data according to law n. 675/96

yes no

The artist declares that she or he is of _____ nationality

Signature

Date

PLEASE SUBMIT YOUR WORK TO:

VIEWFest/o VIEW Conference

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+39 011 65 01 214 fax

info@viewconference.it

<http://www.viewfest.it>