

RAVENNA NIGHTMARE FILM FEST 2012 - ENTRY FORM

Please fill in and send it to:

via courier: Ravenna Nightmare, via Mura di Porta Serrata 13, I-48121 Ravenna, Italy

via e-mail: info@ravennanightmare.it

If the entry is sent via e-mail, **we kindly ask you to name the file with the title of the film.**

0.0 FEATURE FILM

0.1 SHORT FILM

1.0 FILM

1.1 Original Title and English title:

1.2 Nationality / Year of Production:

1.3 Film Language:

1.4 Subtitles / Language of Subtitles:

1.5 Date of First Theatrical Screening / Festivals & Awards:

2.0 PRODUCTION, DIRECTOR, CAST, CREW

2.1

Production Company:

Address / Tel-Fax / Email & Web:

contact person:

2.2

Sales Company:

Address / Tel-Fax / Email & Web:

contact person:

2.3

Director Name & Surname:

Address / Tel-Fax / Email & Web:

2.4 Cast:

2.5 Producer:

2.6 Screenwriter:

2.7 Director of photography:

2.9 Music:

2.10 Other:

3.0 TECHNICAL FEATURES

3.1 Film format for screening:

3.2 Running Time in minutes:

3.3 Screening Ratio:

3.4 return address and contact person:

4.0 CHECK LIST FOR ATTACHED MATERIALS

4.1 Preview dvd screener / mpeg sent via e-mail or ftp

4.2 Bio filmography director

4.3 English synopsis

4.4 Press kit

4.3 English Dialogues/Subtitles List

5.0 PROMOTIONAL PROGRAMMS

5.1 Can you provide us with a trailer of max 3 minute length? YES / NO

5.2 If trailer is unavailable, do you authorise the festival to tape a set of extracts of max 3 minutes? YES / NO

The entry of the film implies the full acceptance of the Regulation

Date / Data

Signature / Firma