

MIAMI SHORT FILM FESTIVAL 2010

Presented by: UNIVERSITY OF MIAMI
SCHOOL of COMMUNICATION


2501 Brickell Ave • Suite 608 Miami • Florida 33129 USA • P: 305.284.3147 www.miamishortfilmfestival.com

REGISTRATION FORM

SHORT FILM INFO - English title _____
Title in original language _____
Director _____ Producer _____
Language (*Foreign must use English subtitles*) _____ Country of origin _____
Year or release _____ Running time _____ Format _____
Category Narrative Documentary Animation Experimental Environmental

Brief synopsis _____

DIRECTOR'S INFO - Name _____
Address _____
City _____ State _____ Zip Code _____ Country _____
Day pahone _____ Eve phone _____ Fax _____
Email _____

How did you hear about us? _____

If accepted, this festival screening will be a:

Miami Premiere World Premiere U.S. Premiere Not a Premiere

Has or will the film be screened in Miami or shown on television (locally or nationally) prior to our festival? (NOV 13-20 2009) Yes No

If "Yes," when and where? _____

If accepted, would you allow an excerpt of the entry (maximum 3 minutes) to be used for promotional purposes only? Yes No

I, the undersigned, do hereby consent and agree that Miami Short Film Festival and its employees, or agents have the right to present my film and to use these in any and all media, now or hereafter known, and exclusively for the purpose of show case and promote the Miami Short Film Festival. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Miami Short Film Festival, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I understand that there will be no financial or other remuneration for showcasing the film, either for initial or subsequent transmission or playback. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature _____ Date _____

PAYMENT METHOD

Money Order (Payable to: Miami Short Film Festival)

Via PAYPAL (Online) Cash

PAYMENT AMOUNT

\$ _____

ENCLOSURES REVIEW

Signed and Completed Entry Form

Film DVD

Press Kit Photos Digital Images TIFF or JPEG 300 dpi

MAIL TO:

MIAMI SHORT FILM FESTIVAL
2501 BRICKELL AVE., SUITE 608
MIAMI, FLORIDA 33129 USA