



## 3<sup>rd</sup> International Documentary Festival of Ierapetra

6<sup>th</sup> - 10<sup>th</sup> August 2016

[www.festivalierapetra.gr](http://www.festivalierapetra.gr)

[info@festivalierapetra.gr](mailto:info@festivalierapetra.gr) , [f el-gr.facebook.com/festivalierapetra](https://www.facebook.com/el-gr.facebook.com/festivalierapetra)

Organisation: Xrysea non profit corporation.

Str Samouil 22 Ierapetra, p.o.b. 72200, tel.2842020345,mob 6948541393

Athens Branch Astrous 100, p.o.b. 10442 Athens ,tel 2105146963, 6946764437

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### Documentary Data

Original Title:

English Title:

Director:

Scriptwriter:

Production Country (-ies):

Production Year:

Date of first viewing in Greece:

Participations and Awards in other Festivals:

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First Viewing at Ierapetra  
Documentary Festival

YES:

NO:

Dialogue Language(s):

(Viewing copy should be subtitled in Greek)

Subtitles Language(s):

## TECHNICAL DOCUMENTARY DATA

FILM FORMAT: Blue Ray Disc and DVD

Viewing copies: 2 Blue Ray and accompanying 2 DVD/ mp4

Speed: 24 frames/sec

Dolby Stereo: Dolby Digital:

## FILM CONTRIBUTORS

**Producer:**

(Full Name)

**Production Company :**

Address:

Tel:

mob:

Fax:

e-mail:

**Director:**

(Full Name)

Address:

Tel:

mob:

Fax:

e-mail:

**Co-Producer:**

(Full Name)

Address:

Tel:

mob:

Fax:

e-mail:

**Distribution in Greece:**

(Full Name)

Address:

Tel:

mob:

Fax:

e-mail:

**World Sales:**

(Full Name)

Address:

Tel:

mob:

Fax:

e-mail:

**Scriptwriter:**

(Full Name)

Tel:

mob:

Fax:

e-mail:

**Cinematographer:**

(Full Name)

Tel:

mob:

Fax:

e-mail:

**Original Music:**

(Full Name)

Tel:

mob:

Fax:

e-mail:

**Sound engineer:**

(Full Name)

Tel:

mob:

Fax:

e-mail:

**Film editor:**

(Full Name)

Tel:

mob:

Fax:

e-mail:

**Narration:**

(Full Name)

Tel:

mob:

Fax:

e-mail:

## ACCOMPANYING MATERIAL

1. *Two BLUE RAY Disks of the Film.*
2. *Two DVD Disks of the Film.*
3. *mp4 file*

*The abovementioned DVD/ BLUE- RAYS should have Greek subtitles **embedded** (In case of non-Greek dialogues) or English (In case of Greek dialogues)*

3. *Documentary Summary in Greek and English (140 words) in digital format.*
4. *Director's Biography as a paragraph of 70 words in Greek and English in digital format.*
5. *Four (4) snapshots of the film (horizontal) and one (1) director's photo, preferably 10X15 εκ. at 300 dpi or corresponding size.*
6. *Director's Filmography as a column from latest to oldest (Date, Title, Genre) in Greek and English in digital format*
7. *Trailer / DEMO of the film in DVD disk for viewing.*
8. *Supplementary advertising material (posters, brochures) if available).*

### **1. Summary (in Greek)**

### **2. Summary (in English) (up to 140 words)**

### **3. Biography (up to 70 words)**

### **4. Filmography**

**DIRECTOR AND PRODUCER STATEMENT**

*The undersigning*

**Director**.....

*And*

**Producer**.....

**Documentary title**.....

**State the following (mark with X the correct statement):**

a1) That the aforementioned film **has not been publically viewed** (either as a commercial or as a festival event), is not available for online viewing and has not been available in video disk/DVD in Greece or Internationally: .....

a2) That the aforementioned film **has been publically viewed** (either as a commercial or as a festival event) εκδήλωση) or is available for online viewing and has been available in video disk/DVD in Greece or Internationally: .....

**Date of previous viewing**.....

b) That, if the film is selected (in case of non-Greek/non-English dialogues) we will provide a viewing copy with Greek and English subtitles **YES** ( ... )

c) That, in case the selected film has Greek dialogues the viewing copy shall be subtitled in English. **YES** (....)

d) That,we accept the film to be viewed in the parallel and regional events of the festival , if selected.**YES**(....)**NO**(....)

e) **That we have read the Rules of International Documentary Film of Ierapetra and accept them YES** (....)

**Date:** ..... /.../2016

**The Producer (Signature)**.....

**The Director Signature)**.....

I wish to be a candidate for the Young Director Award. Yes (..)

**Correspondence Data (for Festival use)**

**(Full Name) :**

Address :

Tel:

Mob:

Fax:

E-mail: