

39th Northwest Filmmakers' Festival

postmark deadline August 1

Contact Information

Name: _____

Organization/Company: _____

Address: _____

Telephone: _____

Cell Phone: _____

Email: _____

Title of Work: _____

Director: _____

Producer: _____

Distributor: _____

Print Source E-mail _____

Genre (circle one)

Animation

documentary

experimental

narrative

Running time: (HOURS:MINS:SECONDS) _____

Date completed: (must be after August 1, 2010): _____

Screening Format: (circle one) 35mm 16mm 1/2" Mini-DV

DVCam BetaSP DigiBeta DVD BluRay .mov file

Ratio: _____ **Letterbox (yes/no)** _____ .

Preview Format: Must be DVD

Synopsis: (short version / please do not write "see attached")

OPTIONAL: I authorize the Film Center to include this work in Festival and tour presentations on public and cable television broadcast (Please initial here) _____

Release: I understand that submission of my work authorizes the Northwest Film Center to use the work for exhibition and/or publicity related to the Festival and Best of the Northwest Tour, that the Festival will handle the prints and tapes with a maximum of care but cannot be held liable for any damage or loss during the shipping, preview or screening; and that the Festival is also not responsible for any claim involving copyright, trademark, or royalty infringements related to the work.

Signed: _____ **Date:** _____

Send to: NW Film & Video Festival, Northwest Film Center
1219 SW Park Avenue Portland, OR 97205
thomas@nwfilm.org