

original title

english title

genre of film

director

producer

cast

country of production

year running time

language

subtitle language

will this screening be a premiere? *yes* *no*

if yes, please indicate:

International *North American*

Canadian

previous festivals

awards

contact name

contact address

contact tel date

technical details

is the film

colour *black & white*

film gauge

16mm *35mm*

video

betacam *betacam digital*

VHS *D2*

other _____

aspect ratio

1:33/1:37 *1:66*

1:85 *2:35 (Scope)*

sound

dolby digital *dolby A*

dolby SR *optical mono*

other _____

condition of print

very good *good*

fair *poor*

deadline

Send Form and materials by May 6, 2006 to:

Fantasia Festival
 80 Queen St, suite 301
 Montreal, Quebec, Canada
 H3C 2N5

e-mail: submissions@fantasiafestival.com
 web: www.fantasiafestival.com