



ENTRY FORM – 8th. Edition - Lido di Venezia, August 31 - 10 September 2011

c/o Studio Coop, Via Panaro 17 - 00199 Roma, Italy

Tel. +3906 8603111 - Fax +3906 86213298 - program@venice-days.com - www.venice-days.com

1. FILM

1.1 Title of film: _____

In the language of production country ☐ in English ☐ in Italian ☐

1.2 Type of film Feature film ☐ Documentary ☐ Animation ☐

1.3 Year of production: _____

1.4 Dates of theatrical release: _____

In country of production ☐ In Europe ☐

1.5 Festivals at which the film has already participated: _____

1.6 Prize(s) (if any) won at these festivals: _____

2. PRODUCTION

2.1 Producer(s): _____

2.2 Production company

Name _____ Address _____

Telephone _____ Fax _____ E-mail: _____

2.3 Co-production companies(in order of relevance)

1) Name _____ Address _____

Telephone _____ Fax _____ E-mail: _____

2) Name _____ Address _____

Telephone _____ Fax _____ E-mail: _____

3) Name _____ Address _____

Telephone _____ Fax _____ E-mail: _____

2.4 World sales company

Name _____ Address _____

Telephone _____ Fax _____ E-mail: _____

2.5 Distribution company in Italy

Name _____ Address _____

Telephone _____ Fax _____ E-mail: _____

3. AUTHORS/TECHNICIANS

3.1 Director: _____ Address _____

Nationality _____

Telephone _____ Fax _____ E-mail: _____

3.2 Authors of the original work: _____

3.3 Script writer: _____

3.4 Composer: _____

3.5 Director of photography: _____
3.6 Production designer: _____
3.7 Film editor: _____
3.8 Short synopsis of film (in a few words): _____

4. CAST

4.1 Leading actors

Names _____

Acting roles _____

5. DOCUMENTATION* (Please send the following to the festival in electronic format, stills in high resolution)

5.1 Synopsis: in _____ language
5.2 Press book or publicity *
5.3 Stills from film
5.4 Posters in 5 copies
5.5 Biofilmographies and photo of leading actors
5.6 Biofilmography and photo of the director: in 1 copy
5.7 Dialogue or subtitles list in _____ language
5.8 Clip or trailer in Beta format *
5.9 Press Office: Name _____ Address _____
Telephone _____ Fax _____ E-mail: _____

* See regulations for advised amount of publicity materials advised for the Press Office of the festival

6. TECHNICAL FEATURES

6.1 Colour ☐ Black & White ☐

6.2 Language of the presented film: _____
with subtitles in: _____

6.3 Film running time

Minutes.....Footage.....Number of reels.....

6.4 Film Gauge: 70mm ☐ 35mm ☐ 16mm ☐

6.5 Mask Ratio: 1.37 ☐ 1.66 ☐ 1.85 ☐ scope ☐

6.6 Speed: 24 im./sec. ☐ 25 im./sec. ☐

6.7 Sound:

- 4 magnetic tracks: with ambient track ☐ without ambient track ☐

- optical mono

- optical Dolby stereo: Dolby A ☐ SR ☐

with ambient track ☐ without ambient track ☐ extreme bass extension ☐

- digital sound: Dolby SRD ☐ DTS ☐ SDDS ☐

6.8 Value of the print according to laboratory processing cost in the country of the print's origin: _____

6.9 In case you send VHS tapes, you should make the shipment as follows:

a_ with the following mention: "no commercial value, for cultural purpose only"

b_ if the sender wishes to have his VHS back, by **return delivery prepaid**: by int'l couriers or by diplomatic pouch

7. PRINTS

7.1 Prints must be sent in clearly numbered reels

On temporary importation ☐

By diplomatic pouch ☐

7. the prints from **European Union Countries** should be shipped **by air freight** to the Biennale, at expeditor's charge:

Giornate degli Autori c/o La Biennale di Venezia Settore Cinema

66. MOSTRA INTERNAZIONALE D'ARTE CINEMATOGRAFICA

Ca' Giustinian - San Marco 30124 Venezia, Italy

Tel. +39 041 5218878; Fax +39 041 5227539, c/c Studio Coop

7.3 In order to obtain a temporary import, the prints from **Extra European Union Countries** should be shipped **by air freight** to the official shipping agent of the Biennale, at expeditor's charge:

SATTIS - Via Roma 19/5 - 30174 Mestre-Venezia (Italia)

Destination: Aeroporto Marco Polo

Tel. + 39 041 5310854 - Fax +39 041 5313198, c/c Studio Coop

7.3 Person to whom print should be returned within two weeks after the festival and its repetitions ends

Name _____ Address _____

Telephone _____ Fax _____ E-mail _____

8. PROMOTIONAL PROGRAMS ON TELEVISION STATIONS

8.1 The print lender is requested to provide at least one set excerpts / trailer on a broadcasting support

Excerpts/Trailer to be sent: YES ☐ NO ☐

If Yes, return of these excerpts to the film lender at his expense: YES ☐ NO ☐

8.2 In the event excerpts are unavailable, and it being understood that under no circumstances may an entire print be lent, do you authorise our festival to tape several sets of four different excerpts of a maximum length of three minutes each. YES ☐ NO ☐

If Yes, should these excerpts be sent to the film lender at his expense: YES ☐ NO ☐

For documentary and short films, the total duration of these excerpts altogether may not exceed 10% of the film's length

9. ADDITIONAL SCREENINGS

- The festival abides to not hold any other screenings than the three screenings allowed by international regulations

10. FORM'S AGREEMENT TO PARTECIPATE

10.1 Production company lending the film: represented by (*name in capital letters*) _____

Telephone _____ Fax _____ E-mail _____

10.2 If the company lending the film is not the production company

Company _____ Telephone _____ Fax _____ E-mail _____

Represented by (*name in capital letters*) _____

Declares to be empowered by the production company to lend the print of the film

10.3 The person named in point 10.1 or 10.2 agree to participate to the festival and commits himself to refrain from withdrawing the film from the festival _____

Date: _____

Signature(*) _____

(*)Signature of the person specified in point 10.1 or 10.2