|  |  |
| --- | --- |
| Original Title \* |  |
| English Title \* |  |
| Production Year \* |  |
| Country \* |  |
| Original Language \* |  |
| Subtitle Language \* |  |
| Running time \* |  |
| Original Format \* |  |
| Screening Format \* |  |
| Production Company \* |  |
| Synopsys \* |  |
| Director \* |  |
| Address \* |  |
| Phone \* |  |
| Email \* |  |
| Directors Biography \* |  |
| Filmography \* |  |
| Scriptwriter(s) \* |  |
| Director of Photography \* |  |
| Producer(s) \* |  |
| Sound \* |  |
| Editor(s) \* |  |
| Cast |  |
| Other Participants |  |
| Awards |  |
| Trailer Link  |  |
| Film Link \* |  |
| Film Link Password |  |

\*fields are required.

Please attach the photos of Director, poster and two stills from film.

Send the completed application form to the following e-mail address: info@atieff.org