

ITALIANMIX 2010

29 - 31 Oct.

ENTRY FORM**Production credits**

Director:

Editor:

Producer:

Sound Designer:

Screenwriter:

Composer:

Cinematographer:

Cast:

Submitted by

Name:

Address:

Role in Production:

Zip Code:

Phone:

City:

Mobile:

Province:

Fax:

Country:

E-mail:

About the work

Title:

Duration:

Year of production:

Format:

Nationality:

Brief description of the work (5 lines max)**Production tools and formats**

Please indicate production tools and formats:

 Mini-DV HD Other: Digital Betacam 35 mm 16 mm DVPRO DVCAM Super 8

Submission Format DVD Pal**Genre** Narrative Experimental Design Documentary Animation Music Video**Other Festivals, Awards, Screenings****Please name camera and software applications utilized (be specific)**

Camera Model(s):

Audio/Sound Software:

Editing Software:

Computer Model(s):

Total and unreserved acceptance of the ITALIANMIX submission guidelines and terms and conditionsyes no **Authorization to use personal data according to law n. 675/96**yes no **The artist declares that she or he is of _____ nationality****Signature****Date****PLEASE SUBMIT YOUR WORK TO:****VIEWFest c/o VIEW Conference**

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