

festival i filmit dokumentar
dhe filmit te shkurte
international documentary
and short film festival



dokufest
PRIZREN

DOKUFEST

inter national documentary and short film festival

9 - 13 AUGUST 2006, PRIZREN, KOSOVA

ENTRY FORM

DEADLINE: JUNE 1st 2006

TITLE OF FILM	
<input type="checkbox"/>	ORIGINAL
<input type="checkbox"/>	IN ENGLISH

FILM LANGUAGE	
<input type="checkbox"/>	ORIGINAL LANGUAGE
<input type="checkbox"/>	LANGUAGE OF SUBTITLED VERSION (IF ANY)

TYPE OF FILM		
<input type="checkbox"/>	DOCUMENTARY	<input type="checkbox"/>
<input type="checkbox"/>	SHORT FILM	<input type="checkbox"/>
<input type="checkbox"/>	ANIMATION	
<input type="checkbox"/>	DATE OF PRODUCTION	<input type="checkbox"/>
		LENGTH

THE SCREENINGS AND FESTIVALS		
<input type="checkbox"/>	DATE OF FIRST SCREENING	In country of production
<input type="checkbox"/>		In Europe
<input type="checkbox"/>	Festivals at which the film has already participated	
<input type="checkbox"/>	Prizes (if any) won at these festivals	
<input type="checkbox"/>	PRODUCER'S NAME	

PRODUCTION COMPANY		
<input type="checkbox"/>	NAME	Address
<input type="checkbox"/>	Telephone	Fax
		E-mail

DIRECTOR		
<input type="checkbox"/>	NAME	Address
<input type="checkbox"/>	Telephone	Fax
		E-mail
<input type="checkbox"/>	AUTHOR OF THE ORIGINAL WORK	
<input type="checkbox"/>	SCRIPT WRITER	
<input type="checkbox"/>	COMPOSER	
<input type="checkbox"/>	DIRECTOR OF PHOTOGRAPHY	
<input type="checkbox"/>	FILM EDITOR	
<input type="checkbox"/>	SHORT SUMMARY OF FILM	
<input type="checkbox"/>	<input type="checkbox"/>	PRESS ATTACHE
	Name	Tel
		Fax
		E-mail

PLEASE SEND THE FOLLOWING TO THE FESTIVAL	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SYNOPSIS OF THE FILM in English
<input type="checkbox"/>	PRESS BOOK OR PUBLICITY
<input type="checkbox"/>	ONE OR MORE STILLS FROM THE FILM
<input type="checkbox"/>	FULL CAST AND CREDIT LIST
<input type="checkbox"/>	PHOTO OF THE DIRECTOR
<input type="checkbox"/>	BIOGRAPHY AND FILMOGRAPHY OF DIRECTOR
<input type="checkbox"/>	DIALOG LIST in English or English subtitles
<input type="checkbox"/>	DIRECTOR'S STATEMENT

UNSOLICITED ENTRIES / TECHNICAL DETAILS OF SUBMISSION TAPE	
Unsolicited entries must be submitted for consideration on video - VHS PAL format preferred or on DVD's. All submissions must be sent with the following statement: "Without commercial value; for cultural purposes only."	

<input type="checkbox"/>	<input type="checkbox"/>	COLOR	<input type="checkbox"/>	BLACK & WHITE
<input type="checkbox"/>	LANGUAGE VERSION OF ENTRY	<input type="checkbox"/>	WITH SUBTITLES IN	
<input type="checkbox"/>	RUNNING TIME	Minutes:		
<input type="checkbox"/>	SOUND	<input type="checkbox"/>	MONO	<input type="checkbox"/>
		<input type="checkbox"/>	STEREO	<input type="checkbox"/>
		<input type="checkbox"/>	DOLBY A	<input type="checkbox"/>
		<input type="checkbox"/>	DOLBY SR	<input type="checkbox"/>
		<input type="checkbox"/>	PROLOGIC	
<input type="checkbox"/>	FORMAT	<input type="checkbox"/>	SVHS	<input type="checkbox"/>
		<input type="checkbox"/>	VHS	<input type="checkbox"/>
		<input type="checkbox"/>	BETA-SP (pal only)	
<input type="checkbox"/>	SYSTEM	<input type="checkbox"/>	PAL	<input type="checkbox"/>
		<input type="checkbox"/>	SECAM	<input type="checkbox"/>
		<input type="checkbox"/>	NTSC	

SELECTED FILMS / TECHNICAL DETAILS OF SCREENING PRINT (this section mandatory)

<input type="checkbox"/>	<input type="checkbox"/> COLOR	<input type="checkbox"/> BLACK & WHITE			
<input type="checkbox"/>	LANGUAGE VERSION OF FILM TO BE SENT	WITH SUBTITLES IN			
<input type="checkbox"/>	RUNNING TIME	Minutes:	Footage:	Number of Reels:	
<input type="checkbox"/>	SOUND 35 mm:	<input type="checkbox"/> OPTICAL MONO	<input type="checkbox"/> OPTICAL DOLBY STEREO	<input type="checkbox"/> DOLBY A	<input type="checkbox"/> DOLBY SR
	16 mm:	<input type="checkbox"/> OPTICAL MONO	<input type="checkbox"/> MAGNETIC TRACK MONO		
<input type="checkbox"/>	FILM GAUGE	<input type="checkbox"/> 35 mm	<input type="checkbox"/> 16 mm		
<input type="checkbox"/>	SCREEN RATIO	<input type="checkbox"/> 1.37	<input type="checkbox"/> 1.66	<input type="checkbox"/> 1.85	<input type="checkbox"/> SCOPE
<input type="checkbox"/>	SPEED	<input type="checkbox"/> 24 frames/second	<input type="checkbox"/> 25 frames/second		
<input type="checkbox"/>	VALUE OF THE PRINT according to laboratory costs in country of production				
PRINT WILL BE RETURNED TO RECIPIENT NOTED BELOW WITHIN THREE WEEKS OF FESTIVAL CLOSING DATE					
NAME		Address			
Telephone		Fax		E-mail	
Special instructions:					

The print lender is requested to provide several sets of at least 4 different film excerpts (maximum 3 minutes each) in BETA PAL format for promotion of the film on television. For short films, the total duration of these excerpts altogether may not exceed 10% of the film's length.

EXCERPTS WILL BE SENT

IF YES, RETURN THESE EXCERPTS TO THE FILM LENDER AT HIS EXPENSE

If excerpts are not available, do you authorize our festival, and under its supervision, to tape several sets of four excerpts of a maximum length of three minutes each?

(For short films the total duration of these excerpts altogether may not exceed 10% of the film's length.)

The Festival agrees not to hold more than the 3 screenings for each film allowed by International Regulations.

PRODUCTION COMPANY LENDING THE FILM REPRESENTED BY

NAME (in capital letters)

Telephone Fax E-mail

IF THE COMPANY LENDING THE FILM IS NOT THE PRODUCTION COMPANY

COMPANY NAME

Telephone Fax E-mail

REPRESENTED BY (name in capital letters)

I, the above-mentioned representative, declare that I am empowered by the Production Company to lend the print of the film. I hereby pledge that I will refrain from withdrawing the film from the Festival. This film is lent to the Festival on the double condition that the Festival strictly abides by FIAPF regulations for international film festivals as well as additional clauses agreed upon in this film entry form.

Signature Date

Please send completed entry form, submission and all requested documentation to :

Contacts: Veton Nurkollari, Eroll Shporta
 Dokufest, International documentary and short film festival
 P.O. Box 113 or Sheshi i Shadervanit 35, 20000 Prizren
Kosova-Unmik
 Tel / Fax: +377 44/119035, 184616, +38129/22718
 E-mail: info@dokufest.com URL: www.dokufest.com

send entries by
JUNE 1st 2006