



please send your film to:

FESTIVAL FILMES SOBRE ARTE  
attn.: RAJELE JAIN

Escadinhas Marques Ponte de Llima, 20, 1  
PT-1100-336 Lisboa  
Portugal / Europa

**FESTIVAL INTERNACIONAL  
FILMES SOBRE ART PORTUGAL**

**2016**

**APPLICATION FORM**

DATE

ORIGINAL TITLE

ENGLISH TITLE

DIRECTOR

COUNTRY OF ORIGIN

YEAR OF PRODUCTION

RUNNING TIME IN MIN

LANGUAGE

SUBTITLES

PRODUCTION COMPANY

PRODUCER

DISTRIBUTION

SCRIPT

PHOTOGRAPHER

EDITOR

SOUND

MUSIC

MAIN CHARACTERS

OTHERS

SYNOPSIS (FOR THE USE IN CATALOGUE!)

YOUR NAME

YOUR FUNCTION

YOUR EMAIL

YOUR PHONE

YOUR ADDRESS

FIRST SCREENED WHERE

AWARDS

DIRECTOR'S EMAIL

DIRECTOR'S PHONE NUMBER

DIRECTOR'S ADDRESS

YOUR COMMENT / MESSAGE

Herewith I sign that I have read and agreed with the regulation of the competition "FESTIVAL INTERNACIONAL FILMES SOBRE ARTE PORTUGAL". I am authorized to submit the film to the competition.

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Herewith I sign that I permit in case of selection, that my film will be screened in extensions of the festival in Portugal if any. I will receive documentation material about each screening.

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