



Festival Date: 16 – 25 October, 2009

FILM/VIDEO SUBMISSION FORM

Deadline:

Submissions must be received by August 5th , 2009

There is no entry fee.

PLEASE PRINT OR TYPE

Original Title: _____

English Title: _____

Director(s): _____

Writer(s): _____

Photography: _____

Editor: _____

Composer: _____

Cast: _____

Producer(s): _____

Country of Origin: _____

Year of Completion: _____

Running Time in Minutes: _____

Language: _____

English Subtitles: yes no

Film without dialogues: yes no

CATEGORY: Narrative Documentary

Experimental Animated

LENGTH: Short Feature

TECHNICAL SPECIFICATIONS

Format of submission tape: DVD

Format of exhibition copy must be the Original Format:

35 mm 16 mm Digital Beta Beta SP DVD

Sound: Mono Stereo Dobby A Dobby SR

Aspect Ratio: 1.33 1.66 1.85 Scope

4:3 16:9

Please notify us immediately of any change to your exhibition format.

NOTE: If your fiction feature film is accepted in our Film Festival, in competition **MUST BE A SPANISH PREMIERE.**

And it would be also a:

World Premiere

European Premiere

If your documentary or short film is accepted in our Film Festival, **MUST BE A BARCELONA PREMIERE.**

And it would be also a:

World Premiere

European Premiere

Spanish Premiere

FILM CONTACT

Company: _____

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____

Fax: _____

Email: _____

Web Address: _____

I have read and agree with the festival submission and participation requirements and certify that I am authorized to submit this film or video to The Barcelona LGTIB Film Festival. I understand that, in the event this work is selected for this festival, will retain the submission copy for its archive. I hold The Barcelona LGTIB Film Festival harmless from damage to or loss of the print en route or otherwise during the course of the festival's possession of the film or video.

Signature _____

Date _____

ENCLOSURES CHECK - OFF LIST

Signed submission form

DVD

Dialogue list (to make the Catalan subtitles under screen)

Bio / Filmography / Director still

Photos/ stills/ slides or digital images HR

Optional: Press kit/ production credits

Synopsis

PREVIEW SCREENINGS

PLEASE SEND ONLY SUBMISSIONS TO:

Festival Internacional de Cinema Gai i Lèsbic

Sant Pere # 44

25656 Conques

Spain

Tel / Fax: +34 973 664 421

Email: info@barcelonafilmfestival.org

<http://www.barcelonafilmfestival.org>

PRINTS TO BE SCREENED

If your film has been programmed, please send: 35mm / 16mm / Digital Beta / Beta SP / DVD copy to the following address:

Festival Internacional de Cinema Gai i Lèsbic

Col.legi de Directors de Cinema de Catalunya

Pg. de Colom # 6

08002 Barcelona

Spain

CONTACT: Xavier-Daniel, Festival Director