

ENTRY FORM

FILM INFORMATION

ENGLISH TITLE _____

TITLE IN ORIGINAL LANGUAGE _____

CATEGORY (CHECK ALL THAT APPLY)

NARRATIVE DOCUMENTARY EXPERIMENTAL

ANIMATION MUSIC VIDEO GAY/LESBIAN

FAMILY

DOES YOUR FILM HAVE ANY BAY AREA TIES? (LOCATION, CAST, DIRECTOR RESIDENCE, ETC.)

YES NO

IF SO, WHAT? _____

DIRECTOR _____

PRODUCER _____

DIRECTOR'S ETHNIC/CULTURAL IDENTITY (OPTIONAL) _____

DIRECTOR'S GENDER (OPTIONAL) _____

FILM SUBJECT'S ETHNIC/CULTURAL IDENTITY _____

COUNTRY OF PRODUCTION _____

LANGUAGE (NON-ENGLISH SPEAKING FILMS MUST HAVE ENGLISH SUBTITLES) _____

YEAR OF COMPLETION _____

IF SELECTED, THIS SCREENING WILL BE A: WORLD PREMIERE

NORTH AMERICAN PREMIERE US PREMIERE SAN FRANCISCO PREMIERE

WHERE ELSE HAS THIS WORK SCREENED OR WILL HAVE SCREENED BEFORE MARCH 2010? _____

OFFICIAL FILM WEBSITE URL _____

PERMISSION TO ADD FILM/VIDEO TO CAAM'S INTERNAL FILM LIBRARY

EXHIBITION COPY SPECIFICATIONS

FILM FORMAT	VIDEO FORMAT (NTSC ONLY)	TOTAL RUNNING TIME
<input type="checkbox"/> 35MM	<input type="checkbox"/> BETACAM SP	_____
<input type="checkbox"/> 16MM	<input type="checkbox"/> DIGIBETA	
ASPECT RATIO (FILM)	<input type="checkbox"/> HDCAM *HDCAM ONLY AVAILABLE FOR FEATURE-LENGTH WORKS	SOUND
<input type="checkbox"/> 1.33		<input type="checkbox"/> MONO
<input type="checkbox"/> 1.66		<input type="checkbox"/> STEREO
<input type="checkbox"/> 1.86	COLOR	<input type="checkbox"/> SILENT
<input type="checkbox"/> 2.35	<input type="checkbox"/> COLOR	<input type="checkbox"/> DOLBY A
	<input type="checkbox"/> B & W	<input type="checkbox"/> DOLBY SR

SAN FRANCISCO INTERNATIONAL ASIAN AMERICAN FILM FESTIVAL

28th

SEND COMPLETED ENTRIES TO

Festival Entries
SFIAAFF
145 9th Street, Suite 350
San Francisco, CA 94103
USA

EARLY DEADLINE

Friday, September 4, 2009

LATE DEADLINE

Friday, October 2, 2009

festival@asianamericanmedia.org

PRIMARY CONTACT

CONTACT NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

PHONE _____ FAX _____

EMAIL _____

PRINT SOURCE (printed in festival catalogue)

CONTACT NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

PHONE _____ FAX _____

EMAIL _____

Signatory grants CAAM permission to screen the above-mentioned work at the 2010 San Francisco International Asian American Film Festival and warrants that all necessary steps have been taken to obtain the rights to use and display the work. Signatory also gives CAAM permission to use stills and excerpts from the work for promotional purposes.

SIGNATURE

PAYMENT

CHECK OR MONEY ORDER VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER _____ EXP DATE _____

NAME AS APPEARS ON CARD _____

SIGNATURE OF CARDHOLDER _____

CHECK LIST

- Entry form, signed and completed
- Entry fee
- Preview DVD
- Press kit (including still images, synopsis, credit list, director's bio)
- Self-addressed and stamped postcard (if you would like notification of receipt)
- Self-addressed and stamped return envelope with appropriate postage (if you would like your preview screener returned)