

ENTRY FORM



ORIGINAL TITLE :

ENGLISH TITLE :

COUNTRY OF ORIGIN :

Year of the Production:

DURATION :

DIRECTOR (S) :

PRODUCER(S) :

LANGUAGE :

SUBTITLES :

FORMAT :

DIRECTOR'S INFORMATIONS (Other films, awards, important achievements and other relevant information) :

PRODUCER'S INFORMATIONS (Awards, Important achievements and other relevant information) :

FESTIVAL'S SCREENED :

AWARDS (If any) :

KEY INDIVIDUAL(S) (To represent the film at the Festival) :

SYNOPSIS :

CONTACT AND RETURN INFORMATION :

Name : Mailing address :

Phone :

Fax :

E-mail :

By signing below, i accept the the non-commercial screenings of my above mentioned film at Turkish Mountain Film Festivals.

SIGNATURE :

DATE :

Please send your entry form to : bilgi@dagfilmfest.org