



Title:

Type of film: Fiction Animation Documentary Experimental

Date of production:

Filming Locations:

Projection format: DCP

Subtitled: YES NO **Length of film:** min.

Name and surname:

Address: _____ **City:** _____

Postal Code: Phone: E-mail:

Name and surname:

Address: _____ **City:** _____

Postal Code: Phone: E-mail:

Producer:

Screenwriter:

Cinematography:

Editing:

ARTISTIC PROFILE (ACTORS/ACTRESSES)

FILM SYNOPSIS