

Application form

Students Amateur Film Festival on Ergonomics, Accidents and Security

English title

* Country of origin

* Description

* Duration (min: sec)

Films from the movie (.jpg, max. 4)

The carrier of the festival copy

Debut

☐ Yes

☐ No

English premiere

☐ Yes

☐ No

Student film

☐ Yes

☐ No

ADDRESS FOR CORRESPONDENCE

* Phone

* E-mail

* English title

* Year of production

Dialogues

☐ Yes

☐ No

Dialog (document)

* Language

DIRECTOR

* First name and last name

* Biography

* Picture

* Address

* Contact person

* Phone

* E-mail

* The creator of the animation

* Scriptwriter

AUTHOR OF MUSIC

* First name and last name

* Address

* Contact person

* Phone

* E-mail

* Producer (owner of rights)

DISTRIBUTOR (OWNER OF RIGHTS)

* Name

* Address

* The person reporting the film

* Contact person

* Phone

* E-mail

College

Album number

* in the case of changes in data, please inform the organizers immediately