

VLAFF2008 ENTRYFORM

Film Details

Original Title of film: _____

Title of film in English: _____ Country of Origin: _____

Brief Synopsis: _____

Name of Director: _____

Year Completed: _____ Running Time: _____ Original Format: _____ Exhibition Formats: _____

Contact Info

First Name _____ Last Name _____

Production Company _____

Address: _____ City: _____

Province/State: _____ Country: _____

Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

If selected, do you grant VLAFF permission to use an excerpt of your work for promotional purposes?

Yes: ____ No: ____

Please send to:

Vancouver Latin American Film Festival

207-55 West Broadway

Vancouver, BC V5Y 1P1

Canada

778-883-8040

IMPORTANT NOTE: Please ensure to label shipping invoice and envelope with "Film/Video on loan for festival purposes only. **NO COMMERCIAL VALUE**".

