



OFF/ON Warszawa 6th. International Short Film Festival

September 22 - 26, 2009, Warsaw, Poland

Deadline for film submission: July 20, 2009.

FILM INFORMATION:

Original Title _____

English Title _____

Country of Production _____ Year of production _____

Genre of film fiction documentary animation

ORIGINAL VERSION (language) _____ No dialogue

RUNNING TIME: _____

Synopsis:

Festival Participation:

Awards and nominations:

CAST & CREW INFORMATION:

Director

First Name _____ Last Name _____

Address _____

Tel _____ E-mail _____

Biography _____

Producer / Company

First Name _____ Last Name _____

Tel _____ E-mail _____

Website _____

Scriptwriter _____

Cameraman _____

Editing _____

Leading Actors: _____

TECHNICAL PARAMETERS

Original Format

HD Digital Betacam Betacam SP HDV DV MiniDv

Super 8mm Super 16 mm 16mm 35 mm

Aspect ratio: 16:9 4:3

Details about the person submitting film:

Name _____ Country _____

Postal Address _____

Phone _____ e-mail _____

I agree to Off/On regulations

signature