

**AMSTERDAM FILM EXPERIENCE
ENTRY FORM 2007**
Deadline **September 15, 2007**

Send your completed and signed entry form and tape or DVD to:
Amsterdam Film Experience
Attn. Monique van Dijk
P.O. Box 3244
1001 AA Amsterdam
The Netherlands

Applicant

Name applicant		
Address :		
Post code / City :		
Country:		
Phone / fax :	Ph.	Fax:
Email:		

Film/Video

Title:		
Length:		
Language:		
Subtitles:		
Country of production:		
Year of production:		
Will this be a premiere screening?	For The Netherlands: 0 Yes 0 No	International: 0 Yes 0 No

New Media / Crossover Project

Title:	
Length:	
Country of production:	
Year of production:	

AMSTERDAM FILM EXPERIENCE

Technical Specifications New Media/Crossover

(please provide as much information as possible including requirements for presentation)

Synopsis/Project Description

(50 words or less)

FILM EXPERIENCE

Participation Agreement

I - Signer (artist / distribution company / production company / other) who lends material to Amsterdam Film Experience (AFX)/Stichting AISFF declares to be an authorized representative.

II - Signer hereby declares that all rights (for film score, images, film footage, etc.) have been cleared previously. Amsterdam Film Experience / Stichting AISFF takes no liability in licensing deals and clearances.

III - Signer commits him/herself not to withdraw the material (if selected) from the festival before the ending of the event.

IV - All preview material will not be returned and is only for use by members and associates of AFX/Stichting AISFF. High quality screening copies (ie. Film prints etc.) will be returned according to further agreement between the producer and AFX/Stichting AISFF.

V - Signer allows AFX/Stichting AISFF to use a still or short clip from the material for promotion of the AFX event.

Name:		
Address :		
Post code / City :		
Phone / fax :	Ph.	Fax:
Email :		

Signature:

Date:

Amsterdam Film eXperience
P.O. Box 3244
1001 AA Amsterdam
The Netherlands

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