

# Women Make Movies Film/Video Acquisition Submission Form

In addition to completing this submission form, please include the director's bio and any reviews or additional written materials.

## CONTACT INFORMATION

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Referred to WMM by: \_\_\_\_\_

Director Name & Contact Information (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TITLE INFORMATION

Film/Video Original Title: \_\_\_\_\_

English Title: \_\_\_\_\_

Nationality of Film: \_\_\_\_\_

Documentary

Narrative

Experimental

Animation

Date of Completion: \_\_\_\_\_

Running Time: \_\_\_\_\_

Subtitled:            Yes        No

Language of Subtitles: \_\_\_\_\_

Original Format: \_\_\_\_\_

Exhibition Format: \_\_\_\_\_

Brief Synopsis:

Any Distributors/Sales Agents? Please list.

Have there been any TV sales in the US or worldwide? Please list.

At which festival, if any, has the film/video screened?

To which festivals, if any, has this film/video been submitted and rejected?

Prizes, Distinctions, Awards: