

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: