

Les Nuits Magiques - 2019 dec. 4th to 15th
29th International Animated Film Festival

Entry form

To send to contact@lesnuitsmagiques.fr

Film title :		
Director(s) : Mail :		
Producer(s) : Mail :		
Nationality :	Year of direction :	Duration:
Animated technique(s) used :		
Dialogues : <input type="checkbox"/> without dialogues <input type="checkbox"/> french dialogues <input type="checkbox"/> french subtitles		
Synopsis :		

Person who submit the film : <input type="checkbox"/> director <input type="checkbox"/> producer <input type="checkbox"/> distributor <input type="checkbox"/> other
Name :
Mail :

Preview copy format : <input type="checkbox"/> Online preview link <input type="checkbox"/> DVD
In case of online preview link, precise the link and the password (if necessary) :
<i>If the film is an original version subtitled in french, the screening copy must be subtitled to.</i>

Festival screening copy : <input type="checkbox"/> DCP <input type="checkbox"/> HD Digital File	
Copie reservation to : <input type="checkbox"/> director <input type="checkbox"/> producer <input type="checkbox"/> distributor <input type="checkbox"/> other	Screening copy reservation contact : - name : - mail :
Print value (in Euro) :	
Return shipping address :	

Signature (and name)

Date :