DOTMOV Festival 2016 Application Form

Please fill in the form below and attach to your work.

Name: (Age:)			
Address:			
Phone number: E-mail:			
URL:			
Title of work	Length	Credit of creator	Movie's URL
1.	' "		
2.	' "		
3.	' "		
4.	' "		
5.	' "		
6.	' "		
7.	' "		
8.	' "		
9.	' "		
10.	' "		
Note:			

I hereby certify that I read the specifications and agree the conditions written there.

I hold the copyright and the right to use and distribute my works, however I permit Organiser to use the works at projects related to this festival (i.e. publicity, projecting and displaying in the event, showing on the web) free of charge.

Signature:

Date: