

East Asian Experimental Competition Entry Form

Original title			Director name	
English title				
Original format	Duration	Color	Year completed	Original language
<input type="checkbox"/> 35mm <input type="checkbox"/> 16mm <input type="checkbox"/> 8mm <input type="checkbox"/> digital	min.	<input type="checkbox"/> color <input type="checkbox"/> b+w <input type="checkbox"/> other ()	<input type="checkbox"/> 2018 <input type="checkbox"/> 2019	<input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> other () <input type="checkbox"/> No language
<small>*As a basic rule, please provide Japanese or English subtitles if your work includes a language other than Japanese or English.</small>				
Format of submitted works				
<input type="checkbox"/> DVD <input type="checkbox"/> Blu-ray				
作者の略歴			Applicant	
Birth year			Name	
Occupation			Applicant is the director: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other ()	
Country of birth		Country of residence	Address	
Biography / Filmography			Phone	
			E-mail	
			Other means of contact	
			Has the film be screened before? <input type="checkbox"/> No <input type="checkbox"/> Yes Previous screenings () Awards ()	
Website				
Staff / Cast				
Synopsis				
.....				
<input type="checkbox"/> I have read and agree with the application guidelines.				
Please do not fill in the column below.				
受付日	搬入者		備考	
No.	受付者			