

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"/> 2019 <input type="checkbox"/> 2020	<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			