

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"/> 2022 <input type="checkbox"/> 2023	<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				

※個人情報とは本フェスティバルの通知目的に限り、利用させていただきます。