

African Diaspora International Film Festival
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African Diaspora International Film Festival

TWENTIETH ANNUAL AFRICAN DIASPORA INTERNATIONAL FILM FESTIVAL November 23 to December 11, 2012

ENTRY FORM

Film title _____

Presentation format: 35mm () 16mm () DVCAM () MINI DV ()
Please note: DVDs or DigiBetas are NOT accepted for screening purposes. DVCAM / MINI DV screening copies may be in PAL or NTSC. Send DVD for submission purpose only.

Please identify the Aspect Ratio of your film. 1.33 ___ 1.75 ___ 1.85 ___ Other ___

Running time: _____ The film is subtitled in English () Yes () No

Year of copyright: _____ Country(ies) of origin: _____

Original Language(s): _____

Awards won by film: _____

Film Genre: Comedy ___ Drama ___ Doc ___ Other (specify) _____

Has the film ever been screened or will it be screened before its participation in the ADIFF:

in New York? () Yes () No Date: _____ Where: _____

in the US? () Yes () No Date: _____ City: _____

Director (Name, Address, Phone, Fax, E-mail): _____

Export Agent or Producer (Name, Address, Phone, Fax, E-mail): _____

US Distributor (Name, Address, Phone, Fax, E-mail): _____

Print Owner: _____ Print replacement value: _____

Print to be returned to (Name, Address, Phone, Fax, E-mail): _____

Additional Credit

Screenplay: _____

Cinematography: _____

Editor: _____

Producer: _____

Music: _____

Sound: _____

Cast:	Actor/Actress	Character Names
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact information to be published in festival's brochure: _____

IMPORTANT:

To publicize your film to the maximum advantage we need:

1. Several high resolution images (300dpi or more)
2. Publicity materials and posters
3. A picture and short bio/filmography of the director
4. Any reviews of the film
5. The film trailer on a MOV file and/or DVD and/or the address of the trailer on the web
6. A short synopsis (50 words or less) of the film in English
7. A NTSC or PAL DVD of your film for review (eg: a screener).

PLEASE CHECK TO CONFIRM THE FOLLOWING STATEMENTS, AS APPLICABLE:

____ Should my film be selected, I agree to send ADIFF at least 5 screeners of my film to be distributed to the press for promotional purposes and I agree to allow ADIFF to use a short segment of my film for the ADIFF trailer, if needed. Screeners will not be returned.

____ Should the film be selected, I agree to allow ADIFF to use a short segment of my film for the ADIFF trailer, if needed, but I cannot send 5 screeners of my film. I understand that my film will NOT be submitted to the press for promotional purposes.

____ I understand that my film submission will be considered for all the African Diaspora International Film Festivals related events, included but not limited to ADIFF-Chicago in June, ADIFF- Washington DC in July, ADIFF Summer Film Series in August, ADIFF-Manhattan in November/December, and/or any other ADIFF film series or program.

Signature: _____

Please mail the above listed materials and this signed entry form to ADIFF at the following address: **ADIFF, 535 Cathedral Parkway Suite 14B, New York, NY 10025**. Materials should be received as soon as possible. Our deadline is June 30, 2012 for shorts and documentaries, and August 31, 2012 for feature films. **There is no entry fee. Due to submission volume, screeners will not be returned.**