

Submission Form: 360°

Information about the submitted 360°-Film



Sehsüchte
International
Student Film Festival

date

NAME:

E-MAIL:

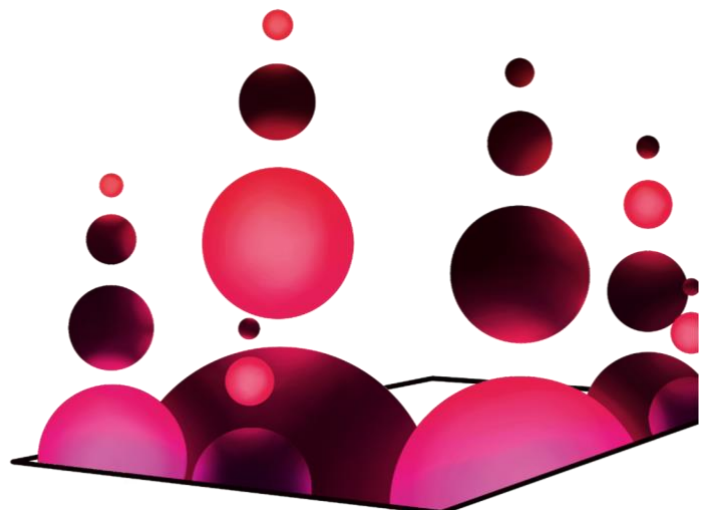
**PERSONAL
BIOGRAPHY:**
100 words

TITLE:
(or working title)

DURATION:

DATE OF COMPLETION:

Was the work part of your studies?	Yes	No
Do you agree with the presentation of your work...		
...for TV coverage?	Yes	No
...for promotional purposes by the festival on TV?	Yes	No
...for press coverage (print and online)?	Yes	No
...for promotional purposes by the festival on social media?	Yes	No
...for promotional purposes by the festival on sehsuechte.de?	Yes	No





CONTACT INFORMATION

The following information will be used for further contact concerning your submitted work.

UNIVERSITY/INSTITUTION:

NAME:

CONTACT PERSON:

ADRESS:

PHONE NUMBER:

WEBSITE:

E-MAIL:

This mail-adress will be published in the Festivalcatalogue

Agreement of Participation

The submitting person hereby confirms that they have read the regulations in their entirety, have accepted them in the present version and that the owners agree to the registration and submission for Sehsüchte Festival. In particular, the submitting person confirms that in case of nomination, all necessary rights for viewing and screening in the context of Sehsüchte 2022 will be handed over to the organizers.

Yes, I agree with the stated terms

Place, Date, Signatur

