

SEHSÜCHTE

*International Student Film Festival
2023*



DATE:

_ INFORMATION ABOUT THE SUBMITTED 360°-FILM

SUBMISSION FORM: 360°

Name:

E-Mail:

Personal
Biography:
100 Words

Titel:
(or working title)

Duration:

Date of Completion:

Was the work part of your studies?

Yes

No

+49 (0)331 6202 780
INFO@SEHSUECHTE.DE
SEHSUECHTE.DE
@SEHSUECHTE



52. INTERNATIONALES
STUDIERENDENFILMFESTIVAL
SEHSÜCHTE

FILMUNIVERSITÄT BABELSBERG
KONRAD WOLF
MARLENE-DIETRICH-ALLEE 11
14482 POTSDAM-BABELSBERG



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:

Address:

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

+49 (0)331 6202 780
INFO@SEHSUECHTE.DE

SEHSUECHTE.DE
@SEHSUECHTE



52. INTERNATIONALES
STUDIERENDENFILMFESTIVAL
SEHSÜCHTE

FILMUNIVERSITÄT BABELSBERG
KONRAD WOLF
MARLENE-DIETRICH-ALLEE 11
14482 POTSDAM-BABELSBERG

19. - 23. APRIL 2023
P O T S D A M