

\_INFORMATION ABOUT THE SUBMITTED 360°-FILM

## SUBMISSION FORM: 360°

Date:

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**53<sup>rd</sup>** international *student*  
film festival

Name:

E-Mail:

Personal

Biography:

100 Words

Title:

or working title

Duration:

Contentwarning:

Synopsis:

Date of Completion:

Was the work part of your studies?

Yes

No

[www.sehsuechte.de](http://www.sehsuechte.de)

[marketing@sehsuechte.de](mailto:marketing@sehsuechte.de)

+49 (0)331 6202 780

Filmuniversität Babelsberg, Konrad Wolf,  
Marlene-Dietrich-Allee 11, 14482 Potsdam

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 2024 will be handed over to the organizers.

Yes, I agree with the stated terms.

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Place, Date, Signature

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