

To submit, please complete this form and send it to:

virtualreality@sehsuechte.de

Contact

Name

E-Mail

Biography

University

Was the work produced as
part of a university degree
programme?

yes

no

no

If 'no': Is the work a debut?

yes

I agree with the presentation
of my work...

...for TV coverage

...for advertising purposes via TV

...for advertising purposes via social media
channels

...for advertising purposes via sehsuechte.de

SEHSÜCHTE

23—27 April 2025

SA. International
Student Film
Festival

Information on the VR project

Title

Length

Synopsis

Date of completion

Instructions and technical
specifications

(e. g. PCVR, etc.)

Format

(e.g. film, experience, etc.)

Contact

Institution

Main Contact

Phone

Website

E-Mail

This e-mail address will be published in the online festival catalogue.

The information provided will only be used for further contact regarding the submission.

Declaration of consent

The submitting person hereby confirms that he/she has read the regulations in full, accepts them in their current version and that all rights holders agree to the registration for the festival. In particular, the submitting person confirms that, in the event that the submitted XR film is selected, all necessary rights for the viewing and screenings within the framework of Sehsüchte 2025 have been clarified and will be transferred to the organisers.

Yes, I confirm the above declaration.

.....

Place, date

.....

Signature