

# SEH <sup>22/04</sup>2026 — <sup>26/04</sup>2026 SÜCHTE



To submit, please complete this form and send it to:  
[virtualreality@sehsuechte.de](mailto:virtualreality@sehsuechte.de)

## Contact

Name

E-Mail

Biography

University

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

YES

NO

If 'no':  
Is the work a debut?

YES

NO

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

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## Information on the XR project

Title

Length

Synopsis

Date of completion

Instructions and technical specifications

(e.g. PCVR, etc.)

Format

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

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## 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 2026 have been clarified and will be transferred to the organisers

**Yes, I confirm the above declaration.**

Place, date

Signature