

SUBMISSION FILM FESTIVAL

Sustainable Planet® 2007

Please send this completed file back to info@pamelapeeters.com
Only fill in the information that is applicable, all the rest can be deleted.

GUIDELINES :

1. Fill out the subscription form,
2. Send all work (only DVD's) to

Pamela Peeters,
C/ O Charles Carter
145 W 55th street, Suite 15 C
New York, NY 10019

3. Enclose a check of \$20 for a short and \$30 for your feature / documentary. or pay by pay pall

(Please pay online via PayPal. Just go to www.paypal.com and enter my email address: pamelasproductions@hotmail.com as the payee and just follow the simple instructions. You must first register for a PayPal account)

4. Date of closing March 31st, 2007, no submissions will be received after this date.

ENTRY FORM :

First Name:

Last Name:

Title/Position

Company

Country

Street

City

State/Province

Postal Code

Telephone

Fax

Company Website:

E-mail on file:

DIRECTOR CONTACT

First Name:

Last Name:

Title/Position

Company

Country

Street

City

State/Province

Postal Code

Telephone

Fax

Company Website:

E-mail on file:

PRODUCER CONTACT

First Name:

Last Name:

Title/Position

Company

Country

Street

City

State/Province

Postal Code

Telephone

Fax

Company Website:

E-mail on file:

COUNTRY OF PRODUCTION

In what country was this project produced?

If this was an international co-production, you may select multiple countries.

Primary Country of Production:

Country of Co-Production:

Country of Co-Production:

COUNTRY OF FILMING.

The country of filming is usually the same as country of production. IF DIFFERENT, please specify.

Country of Primary Filming:

Country of Other Filming:

Country of Other Filming:

ORIGINAL LANGUAGE TITLE.

What is the title of this project in its original language?

TRANSLATIONS OF TITLE

English

Category of Movie :

Does your project appeal to a special Niche or Community?

Niches & Communities

Adult/Mature
African
African American
Asian
Asian American
Black
Buddhist
Children
Christian
Disability Culture
Gay/Lesbian
Hispanic
Islamic
Jewish
Latino
Native American
Native/Aboriginal Peoples
Senior/Aging
Student
Third World
Women
Youth/Teen

What are the various Genres & Forms that describe your project? Select as many as apply.

Genres

Action/Adventure
Alternative
Anime
Art
Avant-garde
B-movie
Blaxploitation
Children Animation
Children Live Action
Comedy
Coming of Age
Crime
Cult
Culture
Dance
Deconstruction
Docu-Drama
Drama
Dramedy
Educational
Environmental
Erotic
Family
Fantasy
Film Noir
Flash
Hip Hop
Horror
Human Rights
Independent
Magical Realism
Microcinema
Mockumentary
Nature
PXL
Period/Historical
Post Modern
Reality
Rejected
Religious
Road Trip
Romance
Romantic Comedy
Satire

Sci-Fi
Sci-Fi Action
Sci-Fi Fantasy
Science
Silent Film
Spiritual
Spoof
Sport
Supernatural
Surreal
Thriller
Transgender
Underground
Urban
War/Peace
Western
Wildlife

SYNOPSIS

1 sentence :

1 paragraph :

STATISTICS

RUNTIME.

What is the exact Total Running Time of this project, including titles and credits?

HRS MINS SECS

COMPLETION.

In what year and month was this project completed? NOTE: Completion date is generally considered to be the end of post-production with the availability of a screening print. If this is a "work in progress," then specify the expected date of completion.

Work In Progress?

PRODUCTION BUDGET.

The approximate final budget of your project.

SCREENPLAY.

Is the screenplay for this project an original work, or an adaptation?

NOTE: This question may not apply to documentary or non-traditional forms.

Original

Adaptation

If adaptation, specify source material below (not screenwriter).

Title of adapted source material

Author of adapted source material

First Name

Last Name

Is the screenplay available?

Yes No

PRINCIPAL CAST.

Who are the lead and featured actors in this project? You may also list their significant prior credits. NOTE: Enter more names using the Add More Cast/Crew button below. This question may not apply to documentary or non-traditional forms.

LEAD ACTORS

First Name:

Last Name:

Credits:

First Name:

Last Name:

Credits:

First Name:

Last Name:

Credits:

FEATURED PLAYERS

First Name:

Last Name:

Credits:

First Name:

Last Name:

Credits:

First Name:

Last Name:

Credits:

CAST AND CREW

PRINCIPAL CREW.

Who are the primary artistic contributors to the project? You may also list their significant prior credits, where applicable.

NOTE: Leave blank any positions that do not apply to your project. Enter multiple names and other positions using the Add More Cast/Crew button below.

SCREENWRITER

First Name:

Last Name:

Other Credits:

CINEMATOGRAPHER

First Name:

Last Name:

Other Credits:

PRODUCTION DESIGNER

First Name:

Last Name:

Other Credits:

ORIGINAL MUSIC/COMPOSER

First Name:
Last Name:
Other Credits:

PICTURE EDITOR

First Name:
Last Name:
Other Credits:

SOUND EDITOR

First Name:
Last Name:
Other Credits:

STUDENT FILM

STUDENT QUALIFICATIONS.

Was this project produced in a guided school program?

Yes No

PRESS KIT.

What type of press kits are available with your submission?

PAPER

Yes No

DIGITAL

Yes No

Would you be able to provide us with a picture ?

Yes No

SCREENING HISTORY.

List all festivals, events, broadcasts, and other screenings for this project – both past and future. Has it won any awards?

NOTE: If you do not list any screenings, the project is assumed to be a World Premiere. Come back to update this regularly.

City

Media

Event

Award

DISTRIBUTION STATUS.

Has this project been licensed to a distributor?

The project has NO distribution yet.

The project is handled by a SINGLE distributor in ALL media and ALL territories, worldwide.

The project is handled by MULTIPLE distributors in SELECTED media and territories.

DISTRIBUTION AGREEMENTS.

NOTE: Click ADD MORE AGREEMENTS until all deals are entered for all distributors. When finished, click NEXT to move on. You may enter a distributor more than once to indicate deals that are very fractured or complex.

Distributor

First Name

Last Name

Title/Position

Company

Country

Street

City

State/Province

Postal Code

Telephone

Fax

Email

Select the Territories:

Select the Media:

Theatrical

Broadcast TV

Cable/Satellite

Video/DVD

Airline/Hotel

Internet/Broadband

Film Festival

OTHER

Select the Terms:

Exclusive Non-Exclusive

If special details, explain in brief:

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