

**The 6th Tel Aviv International
LGBT Film Festival**
June 11-18, 2011



Film/Video Submission Form

Deadline: Submissions must be received by February 28, 2011. There are NO submission Fees. Please Submit DVD (all regions). Please note: submission DVD screeners will not be returned.

PLEASE PRINT OR TYPE

Original Title: _____
English Title: _____
Director(s): _____
Producer(s): _____
Writer(s): _____
Lead Actor(s): _____

Country(ies) of Origin: _____
Running Time in Minutes: _____
Year of Completion: _____
Language: _____
English Subtitles: yes no
Tape submitted is a work-in-progress: yes no
If yes, estimated date of completion: _____
Short Synopsis: _____

CATEGORY: Feature (50 min & over) Short (under 50 min)
 Narrative Documentary
 Gay Lesbian Bi Transgender Intersexes Queer
 Comedy Drama Experimental Animated Musical Other

TECHNICAL SPECIFICATIONS

Format of submission copy:
 DVD (All regions)
Format of exhibition copy: 35mm 16mm Beta SP (PAL) Beta SP (NTSC)
 Digibeta (PAL) Digibeta (NTSC) DVD (All regions)
Sound: Mono Stereo Dolby A Dolby SR Other: _____
Aspect Ratio (film): 1.33 1.66 1.85 Scope
Aspect Ratio (video): 4:3 16:9 (Anamorphic) 16:9 (Letterboxed)
 Other: _____

NOTE: Please notify us immediately of any change to your exhibition format.

PROJECT HISTORY

If your work is accepted and screened at TLVFEST, would this be a (check any that apply): World premiere Israeli premiere

Has the film played in an Israeli film festival (i.e. Jerusalem, Haifa etc.):

No Yes.

If yes, specify which: _____

Has the film played on Israel television (national, cable or otherwise): No Yes

If yes, specify: _____

PRINT SOURCE CONTACT

(Listed in our catalog and for all post-festival inquiries.)

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Film Website Address/URL: _____

DIRECTOR CONTACT

(How may we contact the director of this work?)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

ADDRESS TO RETURN THE FILM

Same as Director's

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

By entering a submission and signing below, you acknowledge you obtain exhibition rights for your film as well as confirm that you have read and agree to TLVFEST's rules and regulations.

Signature: _____ Date (DD/MM/YY): _____

MAILING ADDRESS

Tel-Aviv Cinematheque,

TLVFest - Tel Aviv LGBT Film Festival

Sprinzak 2,

Tel Aviv, Israel 64738

Contact phone at the cinematheque: 972-52-2767404