

ششمین جشنواره بین المللی پویانمایی تهران ۱۳۸۷
۱۱ الی ۱۵ اسفند ماه

خیابان دکتر قاضی، خیابان حجاب، مرکز آفرینش های فرهنگی و هنری
صندوق پستی: ۱۴۱۴۵-۳۶۳، تلفن: ۸۸۹۵۸۷۷۸، فاکس: ۸۸۹۵۸۷۷۹، نمایندگی: ۸۸۹۵۸۷۷۹
info@tehran-animafest.ir



6th International Animation Festival 2009
March 1-5

Cultural and Art Creative Center, Hejab St, Dr. Fatemi St, Tehran 14156, Iran,
P.O.Box: 14145/363, Tel: 009821 88958778, Fax: 009821 88958779
www.tehran-animafest.ir



Entry Form

The completed entry form enclosed with the film should reach the Festival Office not later than 15 th Dec, 2008

1- FILM

Original title:

English title:

Nationality of film:

Year of Production:

CREDITS

First Name

Middle Name

Last Name

Script:

Graphic:

Story board:

Layout:

Background:

Animator:

Camera:

Music:

Sound:

Editing:

SUMMARY OF SCRIPT Three lines at the most (in English)

PRESENTATION AT OTHER FESTIVALS

Festival

Date

Place

Awards

2- CREATION TECHNIQUES

Drawing on cells

Pastel on paper

Ink on paper

paint of paper

Pencil on paper

Puppets

Clay

Sand

Paint on glass

Photos

Photocopies

Cut-out

Animated objects

Pixilation

2D Computer

3D Computer

Engraving on film

Mix

Others (please specify)

Possible remarks and details about the technique (s) used:

3- TARGETED AUDIENCE

All Age- groups

2-5 Years

6-8 Years

9-11 Years

12-15 Years

Young adults

Adults

4- GENRE

- Experimental Artistic Educational Musical Advertising
 Adventure Ecological Political TV. Production Humoristic
 Science- Fiction Scientific Student Film Drama
 For Children and Young Adults

5- DIRECTOR

In case of co-direction, please photocopy this forms as many as it's necessary. Mr. Mrs.

Last Name: Middle Name: First Name:
 Nationality: Date of Birth: Address:
 Town: State: Country:
 Zip code: Tel: Fax:
 E-mail:

6- PRODUCER

In case of co-production, please photocopy this form as many as it's necessary.

Production Company:

Address:

Town: State Country:
 Zip code: Tel: Fax: E-mail:

Site: http://www.

Producer:

Mr. Mrs.

Last Name: Middle Name: First Name:

7. SALES AGENT

Distributor:

Address:

Town: State: Country:
 Zip code: Tel: Fax: E-mail:

Site: http://www.

8- SECTION

- Competition Non competitive Special Screening Panorama

9- FILM PRINT

- 35 mm Black and White Color
 Frame size. 1.33 1.37 1.66 1.85 Scope
 Running time: Number of reels:

10. VIDEO

- Betacam DV VHS (PAL, SECAM, NTSC) DVD

In case there is not any video format mentioned above, its possible to send VHS

- Black and white Color Running time:

11. DOCUMENTS TO BE ENCLOSED WITH THE ENTRY FORM

- The Director's biography (Please, enclose a separate sheet including filmography, participated festivals and awards)
 A photo of the director Poster Brochure
 Photos of the film Text of dialogues or commentaries in English

12- RETURN ADDRESS**13- CONCERNING THE COPYRIGHT, SCREENING THE SHORTEST EXTRACTS FROM**

THE FILM IN TV IS POSSIBLE: Yes No

14- PLEASE NOTE:

The entry of a film implies the acceptance of the terms of the present regulations.

Signature: Date: