

CINEMAROSA

queens only queer film series

ENTRY FORM

Title: _____ Director: _____

Year: _____ Country of Origin: _____ Language: _____ Running Time: _____

Orig. Format: _____ (Note: All screenings are in DVD or MiniDV, NTSC Format)

Category (check one): Feature__ Short__ Documentary__ Experimental __ Animation__

One Liner:

Synopsis:

Please check mark on the following:

Completed Signed Entry Form__ Electronic Press Kit__ Still Pics on CD__ Printed Material__

NOTE: Electronic Press Kit should include: Artists Bio, One -liner, Synopsis, Treatment, Credits, and at least 2 high resolution pictures (300 dpi+) in JPG or PDF format.

Promotional Material (if available for a later date once work is accepted for screening):

Postcards____ Flyers____ Posters____ Press Reviews____

Primary Contact:

Name: _____ Mailing Address _____

Position _____ Signature: _____ Date: _____

Phone: _____ Email _____ Website _____

Mail to:

Hector Canonge, c/o CINEMAROSA, 36 Arden Street, Suite 1A, New York City, NY 10040

By submitting my film/video for consideration, I agree to incur in the costs of mailing my own material and expenses. If my work is selected I agree to send a DVD or MiniDv Tape for presentation within 10 days after I am notified of their decision. I understand that there are no screening fees involved and that my work will be presented in the monthly scheduled program. Promotional materials can be used in the advertising related to my work. CINEMAROSA will retain the submitted work for inclusion in its non-circulating library. By signing above, I agree with all the terms and conditions of this submission.