

SUBMISSION FORM

LALIFF 2012 AUGUST

HOLLYWOOD, CA

WWW.LATINOFILM.ORG

16TH LOS ANGELES LATINO INTERNATIONAL FILM FESTIVAL



FOR MORE INFORMATION PLEASE CONTACT LALIFF AT:

P.O. Box 149, Los Angeles, CA 90078, USA / Tel. 323 469 9066 / www.latinofilm.org

Submission Form

FILM / PROJECT TITLE

Feature Documentary Feature Documentary Short Short

PROJECTION FORMAT 35mm 16mm DigiBeta BetaSP

ORIGINAL LANGUAGE YEAR OF PRODUCTION

PRINCIPAL CONTACT

POSITION WITH FILM

ADDRESS

Day phone Evening

Fax e-mail

DIRECTOR

Address

Day phone Evening

Fax e-mail

PRODUCER

Address

Day phone Evening

Fax e-mail

FILMS ARE REQUIRED TO BE LOS ANGELES PREMIERES TO QUALIFY FOR COMPETITION.
ALL FEATURES ARE ELIGIBLE FOR THE AUDIENCE AWARD

SPECIFICATIONS / DISTRIBUTION

Running Time

Date completed

Genre

Distributor None

Domestic

Foreign

Company name

Company name

Address

Address

City/ZC/Country

City/ZC/Country

Day phone Evening

Day phone Evening

Fax e-mail

Fax e-mail

Festivals in which your film has already participated (if any)

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Awards received at these festivals (if any)

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Plot

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Your film must be returned to

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I HAVE READ, UNDERSTOOD AND COMPLIED WITH ALL ELIGIBILITY REQUIREMENTS

I, the undersigned, acknowledge and agree as follows:

I have read, understood and complied with all eligibility requirements.

I hereby grant LALIFF (Los Angeles Latino International Film Festival) produced by the Latino International Film Institute and presented by the LA Times/Hoy newspapers in 2012, all rights necessary to exhibit and promote the above reference film if selected. The undersigned does hereby declare to possess all the rights on the film and that such exhibition will not violate or infringe upon any rights whatsoever of any person or entity. Additionally, you indemnify the festival from any and all claims, demands, losses, costs, damages and attorney's fees arising out of or in connection with third parties in regards to the screening of said film.

El firmante de este formulario declara poseer todos los derechos perceptivos sobre la película inscrita. El firmante da los derechos necesarios para la exhibición y promoción de dicha película en LALIFF si es elegida. Acepto las condiciones de participación de LALIFF.

This film is not subject to litigation nor is threatened by any litigation.

To the best of my knowledge, all of the statements in this document are true.

I am duly authorized to submit this film to the festival for consideration.

Signature..... **Date**

Print name

Pay Pal payment confirmation number

(If processing fee was paid online)