

## ENTRY FORM

Please read carefully before filling out and signing.

Please print this form, fill it out in BLOCK LETTERS, sign in and send it by mail with the screener of your film and the required material before the deadline.

Entry forms and all requested material should be at DOX BOX 09 offices before 30 December 2008.

Sending mails using **Regular Mail** to:

P.O. Box: 60353 - Damascus - Syria

Sending mails using **Express Courier** to:

No. 1430, M. S. Ghayem Street

Dummar 11118 - Damascus - Syria

Tel: +963 11 313 7 460

\* please remember to send a non-commercial invoice of no more than 10 USD stating that "the material sent has no commercial value - for cultural collaboration with festival".

### Entry Information:

Original Title: -----

English Title: -----

Director (s) name: -----

Synopsis: -----

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Name of Contact Person: -----

Email of Contact Person: -----

Address: -----

City: ----- Country: -----

Screener:  VHS PAL  DVD

\* If the original language is neither English nor Arabic, screeners should have subtitles in English or Arabic.



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Entry Information:

**Applicant**

- Director       Producer       Co-producer       Distributor  
 Other; please specify \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Filmmaker**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Production Company**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Distribution Company**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Production Information:

**Production**

Country of Production: -----

Country of Principle Photography: -----

Co-Producers: -----

Involved Funds: -----

Involved TV Stations: -----

**Crew**

Director of Photography: -----

Editing: -----

Sound: -----

Music: -----

**Release**

Previous Participations at Festivals:

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-----  
-----  
-----  
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Previous Awards, Nominations:

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-----  
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Planned future screenings in other festivals or TV channels:

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-----  
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Technical Information:

Film Duration in Minutes: -----

Dialouge Language(s): -----

Available Subtitles:

English     Arabic     Non     Other, please specify -----

Available Screening Copies:

DigiBeta PAL     Beta SP PAL     35 mm; no of reels: -----

\* If non of the formats are available, please contact us before proceeding with application.

Aspect Ratio:

1:1.66     1:1.85     16:9     4:3     Other, please specify -----

Color:

Color     B & W     Color and B&W

Sound:

Mono     Stereo     Dolby     Silent

I understand that should my film be selected for DOX BOX 09, a screening copy should be ready for pick-up no later than February 10, 2009, from this address:

Name of Contact Person: -----

Telephone number: -----

Detailed Address: -----

City: ----- Country: -----

I have filled out the entry form completely and correctly to the best of my knowledge.

I hereby declare that all obligations, financial and/or moral, relevant to the screening of my film in DOX BOX 09 Tour, detailed in the regulation file of DOX BOX 09 published on [www.dox-box.org](http://www.dox-box.org), have been duly fulfilled by me. In addition, I declare that I am fully authorized to submit this film and that by signing I indemnify DOX BOX 09 and its organizers against all and any future conflicts, residulas or claims of missuse or mishandling of rights relevant to the film.

I have read and understood the regulations to enter a film for the selection procedure of DOX BOX 09 and I hereby implicitly agree to them.



Full Name: -----

Date: -----

Signature: -----