



9 Windermere close, Helensvale, Harare
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international images
Film Festival for Women
if it's good, it's at iiff

APPLICATION FORM 2022

Deadline: 15 August 2022

| | |
|---|--|
| SENDER: <input type="checkbox"/> Distributor <input type="checkbox"/> Producer <input type="checkbox"/> Director <input type="checkbox"/> Diplomatic Mission <input type="checkbox"/> Other | |
| AVAILABLE FOR PREVIEWING (Tick as appropriate) | |
| DVD | |
| VIMEO LINK | |
| IF VIMEO LINK, PLEASE INCLUDE HERE: IF DVD PLEASE SEND PACKAGE POSTMARKED BY AUGUST 15 TO : IIFF, 9 WINDERMERE CLOSE, HELENSVALE, HARARE, ZIMBABWE | |
| ORIGINAL TITLE: | |
| TITLE IN ENGLISH: | |
| COUNTRY OF PRODUCTION: | PRODUCTION YEAR: |
| SYNOPSIS IN ENGLISH (80 WORDS MAX) | |
| DIRECTOR: TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr NAME: NATIONALITY: TEL: E-MAIL: | FILMOGRAPHY: |
| PRODUCER: TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr NAME: NATIONALITY: TEL: E-MAIL | FILMOGRAPHY: |
| DISTRIBUTION, INTERNATIONAL SALES: | TEL: E-MAIL: FAX: |

FESTIVAL PUBLICITY

By making this application, I certify that IIFF may use up to 2minutes of film footage for publicity purposes.
I certify that my press kit will be sent to IIFF on confirmation of selection.

TECHNICAL INFORMATION

| | | |
|---|--|---|
| GENRE: <input type="checkbox"/> Feature film <input type="checkbox"/> Documentary <input type="checkbox"/> Short film | | |
| Screening Format: <input type="checkbox"/> DCP <input type="checkbox"/> DVD <input type="checkbox"/> Blu-ray (preferred) <input type="checkbox"/> Other (specified) | | Running time |
| <input type="checkbox"/> Colour <input type="checkbox"/> Black/white | Is the screening format subtitled? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| In what language are the sub-titles? <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) | | |
| Original Language of dialogue | Sound: <input type="checkbox"/> Mono <input type="checkbox"/> Stereo | Value of the print /tape: US\$ |
| Cast | | |
| Cinematography TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr | | Script TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr |
| Editor TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr | | Sound Engineer TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr |

DECLARATION

By submitting this film to the festival I agree that, in addition to festival screenings, IIFF may (please tick yes or no for each option):

| | Yes | No |
|---|-----|----|
| Screen the film at other film festivals and events that IIFF is partner to | | |
| Assist Zimbabwe Television (ZTV), Zimbabwe's national public broadcaster in its content acquisition by allowing ZTV to broadcast your film for no extra fee. | | |

I certify that I accept the Festival's regulations and conditions.

NAME: _____

SIGNATURE: _____

DESIGNATION: _____

DATE: _____