

EIBUNREN AWARD 2012 Entry Form

JAAP INTERNATIONAL SHORT FILM FESTIVAL

ENTRANT:

Address :

Company Name :

Department :

Position:

Name: (given)

(family)

Ms. / Mr.

I submit my following work to Eibunren Award 2012 in accordance with the Regulations.

(month)

(date)

(year)

Production's Contact

Department / Position :

Person to Contact Name: (given)

(family)

Ms. / Mr.

T E L :

F A X :

E-mail :

Mobile Phone :

Entry Category 1 . Corporate Communications

2 . Social Communications

3 . Personal Communications

TITLE / SUB TITLE

TITLE :

SUB TITLE :

Running Time min.

Production Completion Date (month) (date) (year) (From April 1, 2011 to March 31, 2012)

Production division Sponsor Independent production

Sponsor Name

Media DVD - Video VHS DVD(Data)

CD - ROM

Other (

)

Aspect ratio

4:3

16:9

Other (

)

Method

Movie

Video package

TV program

Web

Exhibitions

Mobile

Other (

)

(When there is details, please fill in on the second page about screening aim and method of presentation for screening reference.)

Target audience

Comments on Production 100 English words

(Press Alt+Enter to change lines. Please use print preview to review before sending.)

Synopsis 100 English words

(Press Alt+Enter to change lines. Please use print preview to review before sending.)

Production staff

Producer :

:

Camerman :

:

Music :

:

:

:

:

:

:

:

Director :

:

Lighting
technician :

:

CGI :

:

:

:

:

:

:

:

Return DVD

Unnecessary

Necessary

JAPAN ASSOCIATION OF AUDIOVISUAL PRODUCERS, INC.

