

# EIBUNREN AWARD 2017 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 2014 in accordance with the Regulations.

(month)

(date)

(year)

① Production's Contact

Department/Position:

T E L:

Person to Contact Name: (given) (family)

F A X:

Ms./  Mr.

E-mail :

Mobile Phone:

- ② Entry Category  1. Corporate Communications  2. Social Communications  
 3. Personal Communications

③ TITLE/SUB TITLE

TITLE:

SUB TITLE:

④ Running Time min.

⑤ Production Completion Date (month) (date) (year) (From April 1, 2016 to March 31, 2017)

⑥ Production division  Sponsor  Independent production

⑦ Sponsor Name

⑧ Media  DVD  Blu-ray  
 CD-ROM  Other( )

⑨ Aspect ratio  4:3  16:9  Other( )

⑩ 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.)

⑪ Target audience

⑫ Comments on Production 100 English words

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

⑬ Synopsis 100 English words

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

⑭ Production staff	Producer :	Cameraman :	Music :
	:	:	:
	:	:	:
	Director :	Lighting technician :	CGI :
	:	:	:
	:	:	:

⑮ Return DVD  Unnecessary  Necessary

JAPAN ASSOCIATION OF AUDIOVISUAL PRODUCERS, INC.

## EIBUNREN AWARD 2017 Entry Form(Detailed)

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This page is not indispensable to do Entry.

1. When there is details, please fill in on this page about screening aim and method of presentation for screening reference.
  2. Please submit it with the Entry form Page 1.
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Entry Title:

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