

EIBUNREN AWARD 2019 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 2018 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, 2017 to March 31, 2018)

⑥ Production division ☐ Sponsor ☐ Independent production

⑦ Sponsor Name

⑧ Media ☐ DVD ☐ Blu-ray ☐ Other()

⑨ Aspect ratio ☐ 4:3 ☐ 16:9 ☐ Other()

⑩ Method ☐ Movie ☐ Video package ☐ TV program ☐ Web ☐ Exhibitions
☐ Mobile ☐ VR ☐ 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 2019 Entry Form(Detailed)
JAAP INTERNATIONAL SHORT FILM FESTIVAL

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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