



Entry Form

2011 - 36th annual American Indian Film Festival ® November 4 - 12, 2011

This **Entry Form**, fee(s), regulations form, and DVD screener(s) must be received by **Friday, August 5, 2011**. Entries will be reviewed by AIFI Selection Committee. At the discretion of the Festival Director, AIFI may extend deadline for near-completed work. Please contact per this request. Film stills, synopsis, entry fee (\$50 USD) and complete entry form should be sent immediately. Publicity particulars, i.e. posters and any other media should be sent after notice of acceptance. If selected, filmmaker agrees to provide one (1) copy of film on either 35mm or DigiBeta. Entries must be submitted on DVD (NTSC Format).

REGULATIONS

The undersigned agrees that if the film hereby submitted is selected for presentation at the American Indian Film Festival, that AIFI (we) have the full and sole right and authority to convey the same, that all rights, licenses, clearances and releases necessary for exhibition of the work to the public have been secured, so that such use will not obligate the American Indian Film Institute to make any payment to any third party; and that exhibition or broadcast of film clip(s) for promotional use in connection with the American Indian Film Festival will not violate or infringe upon any rights of any person, firm or corporation whatsoever.

All rights agreed to and granted above by the undersigned shall be non-exclusive to the American Indian Film Institute.

Entrants(s) Signature _____ **Date** _____

Print Name, Title _____

Signing constitutes acceptance of regulations by entrant. **A non-refundable entry fee of USD \$50.00 is to be included with each film entry.** Permission is granted to reproduce this form, or additional forms will be mailed upon request.

Address all materials to:
AMERICAN INDIAN FILM INSTITUTE
333 VALENCIA STREET, STE. 322 SAN FRANCISCO, CA 94103
Phone: (415) 554-0525 Fax: (415) 554-0542
www.aifisf.com * email: filmfestival@aifisf.com

FILM WILL BE RETURNED AT ENTRANT'S EXPENSE. INCLUDE SEPARATE CHECK TO PROVIDE FOR RETURN AND SHIPPING CHARGES.

Please print neatly or type, using a separate form for each film or video entered.

Original Title _____
Director _____ Producer _____
Address _____
City/State _____ Zip/Postal Code/Country _____
Bus Phone _____ Cell _____
Email _____ Website _____
Date of completion _____
U.S./Canadian Distributor _____ Country of Origin _____
Address _____

(Circle) World Premiere? YES NO / California Premiere? YES NO / San Francisco Premiere? YES NO

Genre (check one)

Feature Documentary Short (under 50 min)
Animated Short Subject Industrial
 Documentary Feature Live Short Subject Music Video Public Service
Format: 35mm DigiBeta

Intended Audience/Distribution _____ Running Time (minutes) _____
Screen Ratio _____ Value of Print(s) for Insurance _____
English Subtitles English Soundtrack
Entrant's Name _____ Title _____

Company _____
Address _____
City/State _____ Zip/Postal Code/Country _____

Telephone: Bus. () _____ Telephone: FAX () _____
Email: _____ Cell: _____
Website: _____

Entrants Signature: _____