



Original Title: \_\_\_\_\_

Title in English: \_\_\_\_\_

Director: \_\_\_\_\_

Producer: \_\_\_\_\_

Duration (in minutes): \_\_\_\_\_ Date completed: \_\_\_\_\_

Category: Feature Film \_\_\_\_\_ Documentary \_\_\_\_\_ Short \_\_\_\_\_ Animation \_\_\_\_\_ Experimental \_\_\_\_\_

Youth Work \_\_\_\_\_

Brief description or synopsis (40-50 words) and Biography of filmmakers (on separate page)

Exhibition Format: 35mm \_\_\_ Beta SP (NTSC/PAL) \_\_\_ Mini-DV \_\_\_

Language(s): \_\_\_\_\_ Required English Subtitles: Yes / No

Previous Screenings \_\_\_\_\_

How did you hear about OIFF? \_\_\_\_\_

#### CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## TERMS AND CONDITIONS

By signing, I acknowledge and agree to the following: To the best of my knowledge, all statements in this document are true.

- \* I am duly authorized, on my behalf and on behalf of any person or entity that has ownership rights in the work, to submit it to the Festival and I represent that this submission is not in violation of any law nor violates any right of said person or entity.
- \* I hold the Other Israel Film Festival, its officers, as well as any of its fiscal sponsors and affiliated entities, harmless from any damage to, or loss of, any materials submitted by me, whether that damage/loss occurs en route to or from the Festival or during the course of the Festival's possession of said materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print out and mail this completed entry form (both pages) to OIFF staff at the address below. Separate forms must be completed for each entry submitted.

Other Israel Film Festival  
334 Amsterdam Avenue  
New York, NY 10023  
<http://www.otherisrael.org>  
Email: [info@otherisrael.org](mailto:info@otherisrael.org)