



The 4th International Afghan Documentary Film Festival
03 - 09 November 2016
Stockholm, Luleå, Gothenburg
Sweden

ADFF 2016 FILM SUBMISSION FORM

CONTACT INFORMATION

Contact name:

Production company name:

Mailing address:

City: _____

Postal/Zip code: _____

Country:

Telephone: _____ Fax: _____

Email: _____

How did you hear about ADFF International:

FILM INFORMATION

Title in English

(Applicable): _____

Country of Origin: _____

Original Language: _____

Total Running Time: _____ mins _____ sec



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Date Completed: _____

Film Synopsis:

Director

Writer

Producer

Editor

Cinematographer

Genre: [.....]

Category: [.....]

Format: [.....]

Sound: [.....]

Subtitles: [.....]

Film festival appearances



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Film festival Awards

On-line exposure

Off-line exposure

PLEASE SEND THIS FORM ALONG WITH DVD SCREENERS TO:

Submissions:

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STOCKHOLM

SWEDEN

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