



ISAPA 2013 SHORT FILM CONTEST APPLICATION FORM

www.isapa2013.com - film@isapa2013.com

APPLICANT'S:.....
NAME :.....
LAST NAME :.....
ADDRESS :.....

TEL :.....
FAX :.....
E-MAIL :.....

TITLE OF THE FILM:.....

FILM CATEGORY (INTRODUCTORY- ART-DOCUMENTARY):.....

PRODUCTION FORMAT:..... RUNNING TIME:..... PRODUCTION YEAR.....

DIRECTOR:.....

PRODUCER:.....

SCRIPTWRITER:.....

DIRECTOR OF PHOTOGRAPHY:.....

ART DIRECTOR:.....

SOUND:..... MONTAGE.....

MUSIC:..... ADVISOR.....

CAST:.....

ORIGINAL LANGUAGE OF THE FILM:.....

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The applicant agrees to all the terms and conditions of the ISAPA 2013 Short Film Contest.
I have read and agreed to the terms and conditions of the ISAPA 2013 Short Film Contest. I accept the legal liabilities that may arise from certain characteristics of the short film that are not declared legally. I hereby declare that the short film I submit is my own production

Applicant's:
Name Last Name:
Date:
Signature

ZED Ankara

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