

2017 Carnegie Mellon International Film Festival

Short Film Competition

Submission Form



Name: _____

Institution: _____

Mailing Address: _____

Email Address: _____

Phone Number (Include country code): _____

Title(s) of Submission(s):

I. _____

II. _____

Duration(s) of Submission(s):

I. _____

II. _____

Please list any other festivals you have recently submitted your film(s) to:

Please list any awards you have received for your film(s):

Please respond “Yes” or “No” to the following questions:

I give consent to the Festival to post my submission on the Official YouTube Channel of the festival (You will be given a link to your video): _____

If selected, I give consent to the CMU IFF to share my short film with local networks or other media outlets for broadcast: _____

If said opportunities arise, the CMU IFF is obligated to contact me immediately with details. The CMU IFF henceforth promises that no use of my film will be exacted without my knowledge via email, nor without acknowledgement of my creative ownership.

By signing this agreement, I also acknowledge and give consent for my film(s) to be screened at the Short Film Competition event as well as before other CMU IFF screenings if deemed appropriate.

Signature _____

Date _____

Please **scan** or **email** this form to cmuiffshortfilms@gmail.com