

REGISTRATION FORM



CATEGORY & SHORT FILM DATA

☐ FICTION ☐ DOCUMENTARY ☐ ANIMATION ☐ EXPERIMENTAL

TITLE

UNIVERSITY/SCHOOL

PRODUCTION YEAR

CITY, REGION/PROVINCE & COUNTRY

ORIGINAL LANGUAGE

SUBTITLES

*SPANISH OR ENGLISH SUB-TITLES MUST BE DELIVERED IF ITS ORIGINAL LANGUAGE IS NOT SPANISH

WRITE THE FULL NAME OF THE CREW AND CAST MEMBERS
IF THE MEMBER IS A STUDENT, MARK THE BOX WITH AN (X).

STUDENT

FILMMAKERS

☐

DIRECTOR: _____

☐

PRODUCER: _____

☐

WRITER: _____

☐

DIR. PHOTOGRAPHY: _____

☐

PRODUCTION DESIGN: _____

☐

EDITING: _____

☐

SOUND DESIGN: _____

☐

ANIMATION: _____

☐

ORIGINAL MUSIC: _____

☐

CAST: _____

REGISTRATION FORM



DIGITAL FORMAT

COLOR

- ☐ B/W
☐ COLOR
☐ OTHER _____

RECORDING FORMAT

- ☐ 35 MM
☐ 16 MM
☐ 8 MM
- ☐ DIGITAL
☐ OTHER _____

SPECIFY DIGITAL CODEC (DV, MPEG-1, MPG, H.264, HD720, ETC)

DELIVERY SPECIFICATIONS

COUNTRY OF ORIGIN _____ *LENGTH (MIN:SEG)* _____

- ☐ NTSC
☐ 4:3
☐ OTRO _____
- ☐ PAL
☐ 16:9
- ☐ NON-DROP FRAMES
☐ DROP FRAMES

FRAME RATE ☐ 24 FPS ☐ 30 FPS ☐ OTHER _____

AUDIO FORMAT ☐ 2.0 ☐ 5.0 ☐ 5.1

AUDIO RATE ☐ 48KHS ☐ 44.1 KHZ
☐ 32KHZ ☐ OTHER _____

REGISTRATION FORM



DELIVERY FORMAT

☐

DVD

☐

DIGITAL FILE (*NOT SEGMENTED IN FILES*)

GENERAL INFORMATION

SYNOPSIS (*50 WORDS MAX., BLOCK LETTER*)

OTHER FESTIVAL ENTRIES

REGISTRATION FORM



DIRECTOR'S BIOGRAPHY (50 WORDS MAX., BLOCK LETTER)

DIRECTOR'S FILMOGRAPHY

DIRECTOR

NAME

PHONE

MOBILE

CITY

ADRESS

ZIP CODE

E-MAIL

REGISTRATION FORM



PRODUCER

NAME _____
PHONE _____
MOBILE _____
CITY _____
ADRESS _____
ZIP CODE _____
E-MAIL _____

UNIVERSITY/SCHOOL

NAME _____
E-MAIL _____
PHONE _____
COUNTRY _____

SUBSCRIBER INFORMATION

NAME _____
E-MAIL _____
PHONE _____

HOW DID YOU FIND OUT ABOUT FESTIVAL KINOKI?

☐ PRINTED MATERIAL ☐ E-MAIL ☐ UNIVERSITY
☐ WEBSITE ☐ OTHER _____

REGISTRATION FORM



LEGAL

DO YOU OWN THE DISTRIBUTION COPYRIGHTS, MUSICALIZATION AND MARKETING OF THE FILM?

☐ YES

☐ NO

DO YOU AUTHORIZE YOUR SHORT FILM TO BE EXHIBITED IN OTHER EVENTS AND FESTIVALS IN WHICH KINOKI IS INVOLVED?

☐ YES

☐ NO

REMEMBER TO INCLUDE A COPY OF YOUR SCHOOL ID AND YOUR OFFICIAL ID CARD (PASS-PORT, IDENTITY CARD, ETC)

I HEREBY AGREE WITH ALL THE REGULATIONS PRESENTED IN THE 2015 KINOKI INTERNATIONAL STUDENT FILM FESTIVAL REGULATION FORM AND THIS ENTRY FORM. I CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS DOCUMENT IS CORRECT.

DATE

NAME & SIGNATURE

REGISTRATION FORM



AUTHORIZATION LETTER

THE PURPOSE OF THIS DOCUMENT IS THE UNLIMITED AND FREE AUTHORIZATION BY _____ (AUTHOR) WHO IS FROM _____ (COUNTRY), RESIDING AT _____ AND WHO IDENTIFIES WITH _____ (OFFICIAL ID), AT THE UNIVERSIDAD IBEROAMERICANA A.C. (UIA), FOR THE REPRODUCTION OF THE SHORT FILM CALLED _____ (SHORT FILM TITLE) IN THE KINOKI FILM FESTIVAL.

THIS AUTHORIZATION INCLUDES ALL THE RIGHTS OF EXPLOITATION, REPRODUCTION, USE, DISSEMINATION, DISTRIBUTION, TRANSMISSION, PUBLIC COMMUNICATION, AND AS WELL ANY OTHER LAW REFERRED TO THE FEDERAL LAW OF COPYRIGHT, WHICH ARE NECESSARY FOR THE PARTIAL OR TOTAL USE OF THE SHORT FILM IN ORDER TO PRESENT THE WORK IN DIFFERENT COMPANIES OF MASS MEDIA (PRESS, MAGAZINES, INTERNET, CINEMA, BILLBOARDS, ETC). THIS AUTHORIZATION EXTENDS TO THE PURPOSES THAT UIA THINK WOULD BE NECESSARY.

THE AUTHOR STATES UNDER OATH THAT HE OR SHE HAS ALL THE AUTHORIZATIONS, RIGHTS OR LICENCES TO USE IMAGES, MUSIC OR ANY OTHER ELEMENT CONTAINED IN THE SHORT FILM THAT NEEDS COPYRIGHT APPROVAL WHICH ARE PROTECTED BY THIS LAW (LEY FEDERAL DE DERECHOS DE AUTOR). THE AUTHOR MUST AVOID ANY KIND OF SITUATIONS THAT COULD HARM THE UIA, THEIR REPRESENTATIVES, EMPLOYEES, OR ANY MEMBER FROM THIS INSTITUTION, IN CASE OF COPYRIGHT INFRINGEMENT TO THE "LEY FEDERAL DE DERECHOS DE AUTOR", "LEY DE PROPIEDAD INDUSTRIAL" AND ANY OTHER APPLICABLE LEGAL PROVISIONS.

THIS AUTHORIZATION WILL REMAIN IN FORCE INDEFINITELY.

_____, _____, _____, _____, _____
COUNTRY CITY DAY MONTH YEAR

AUTHOR

NAME & SIGNATURE