

## The Malta TV Short Film Festival 2009

<b>Personal Details of Applicant/1</b>
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First Name \_\_\_\_\_ Last name \_\_\_\_\_

Professional capacity \_\_\_\_\_  
(Producer, Director, other)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

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**Personal Details of Applicant/2**

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Professional capacity \_\_\_\_\_  
(Producer, Director, other)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_  
Signature/s

(This signature/s means that the applicant/s has/have read the regulations and agrees to abide by them.)

**Personal Details of Distributor**

Name of company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_  
Signature/s

(This signature/s means that the applicant/s has/have read the regulations and agrees to abide by them.)

**Submission details**

Name of film - English  
title \_\_\_\_\_

Country of origin \_\_\_\_\_

Duration \_\_\_\_\_

Format \_\_\_\_\_

Genre/s \_\_\_\_\_

Synopsis \_\_\_\_\_

**Please submit the following together with the application form:**

1. 3 copies of the film
2. Promotional stills
3. €25 Application Fee (or other amounts where applicable)
4. List of credits

**This application form, together with the above requirements should be sent to the following address:**

**The Malta TV International  
Short Film Festival,  
P.O. Box 26,  
San Gwann,  
Malta.**

**FOR OFFICE USE ONLY**

<b>Application number</b>	
<b>Date when application was received</b>	
<b>Date of transmission on TV</b>	
<b>Received by</b>	

<b>SCORES JUDGE 1</b>	
<b>SCORES JUDGE 2</b>	
<b>SCORES JUDGE 3</b>	
<b>SCORES JUDGE 4 –GUEST</b>	
<b>SCORES TELEVOTING</b>	
<b>SCORES SMS VOTING</b>	
<b>SCORES WEBVOTING</b>	
<b>TOTAL</b>	