

The Malta TV Short Film Festival 2011

Personal Details of Applicant 1

First Name _____

Last name _____

Professional capacity:

(Producer, Director, other)

Address:

E-mail:

Website

Telephone: _____

Mobile: _____

Signature/s:

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

Festival Address

Malta International Television Short Film Festival

P.O. Box 26

San Gwann

Malta

E-Mail : Info@maltashortfilmfest.com Web Site: w.w.w.maltashortfilmfest.com



Malta
international
TV short
film festival

The Malta TV Short Film Festival 2011

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 has/have read the regulations and agrees to abide by them)

Festival Address

Malta International Television Short Film Festival

P.O. Box 26

San Gwann

Malta

E-Mail : info@maltashortfilmfest.com **Web Site:** [w.w.w. maltashortfilmfest.com](http://w.w.w.maltashortfilmfest.com)



Malta
international
TV short
film festival

The Malta TV Short Film Festival 2011

Personal Details of Distributor

Name _____

Last name _____

Name of Company: _____

Address:

E-mail:

Website

Telephone: _____

Mobile: _____

Signature/s: _____

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

Festival Address

Malta International Television Short Film Festival

P.O. Box 26

San Gwann

Malta

E-Mail : info@maltashortfilmfest.com Web Site: w.w.w. maltashortfilmfest.com

Malta
international
TV short
film festival



The Malta TV Short Film Festival 2011

Submission details

Name of film - English title: _____

Country of origin: _____

Duration : _____

Format : _____

Genre/s: _____

Synopsis

Malta
international
TV short
film festival



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

- | |
|---|
| <ol style="list-style-type: none">1. 3 copies of the film2. Promotional stills3. 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
PO Box 26
San Gwann
Malta**

The Malta TV Short Film Festival 2011

FOR OFFICE USE ONLY

Malta
international
TV short
film festival

Application number	
Date when application was received	
Date of transmission on TV	
Received by	

SCORES JUDGE 1	
SCORES JUDGE 2	
SCORES JUDGE 3	
SCORES JUDGE 4 –GUEST	
SCORES TELEVOTING	
SCORES SMS VOTING	
SCORES WEBVOTING	
TOTAL	

Festival Address
Malta International Television Short Film Festival
P.O. Box 26
San Gwann
Malta

E-Mail : info@maltashortfilmfest.com Web Site: w.w.w. maltashortfilmfest.com