

Les Nuits Magiques - 2018 nov. 28<sup>th</sup> to dec. 9<sup>th</sup>  
28<sup>th</sup> International Animated Film Festival

Entry form

To send to [contact@lesnuitsmagiques.fr](mailto:contact@lesnuitsmagiques.fr)

|  |                     |           |
|--|---------------------|-----------|
| Film title :   |                     |           |
| Director(s) :<br>Mail :  |                     |           |
| Producer(s) :<br>Mail :  |                     |           |
| Nationality :  | Year of direction : | Duration: |
| Animated technique(s) used :   |                     |           |
| Dialogues : <input type="checkbox"/> without dialogues <input type="checkbox"/> french dialogues <input type="checkbox"/> french subtitles |                     |           |
| Synopsis :   |                     |           |

|  |
|--|
| Person who submit the film : <input type="checkbox"/> director <input type="checkbox"/> producer <input type="checkbox"/> distributor <input type="checkbox"/> other |
| Name :   |
| Mail :   |

|   |
|---|
| Preview copy format : <input type="checkbox"/> Online preview link <input type="checkbox"/> DVD         |
| In case of online preview link, precise the link and the password (if necessary) :                      |
| <i>If the film is an original version subtitled in french, the screening copy must be subtitled to.</i> |

|  |  |
|--|--|
| Festival screening copy : <input type="checkbox"/> DCP <input type="checkbox"/> HD Digital File  |  |
| Copie reservation to :<br><input type="checkbox"/> director<br><input type="checkbox"/> producer<br><input type="checkbox"/> distributor<br><input type="checkbox"/> other | Screening copy reservation contact :<br>- name :<br>- mail : |
| Print value (in Euro) :  |  |
| Return shipping address :  |  |

Signature (and name)

Date :