

Please read carefully the following **regulation** before filling in the registration form.

REGISTRATION FORM

Film Title:

Director:

Film Language:

Screening format, if selected:

MOV Full HD Apple ProRes BLURAY Digital file H264

Film Type:

Feature Film Runtime (min.) | Short Film Runtime (min.)

Production year and country (ies):

Contact Person:

Name:

Company:

City:

Country:

Phone:

E-mail:

DEADLINE: September 3rd, 2017

Please return this form with the link for the online screener to: subscriptions@draculafilm.ro