

ASIAN & PACIFIC ISLANDER COALITION ON HIV/AIDS
FOOD, HEALTH & TAKING A BITE OF THE BIG APPLE
Short Films Program Entry Form

No entry fee required.

Entry Deadline: Monday, April 02, 2007

Special consideration will be given to films shot in New York City

FILM INFORMATION:

TITLE OF FILM _____

CATEGORY:

Narrative Documentary Animation Experimental Other(specify) _____

DIRECTOR _____ PRODUCER _____

DIRECTOR'S ETHNIC/CULTURAL IDENTITY (OPTIONAL) _____

COUNTRY OF ORIGIN OF WORK _____

LANGUAGE OF WORK (must be subtitled if the language used is other than English)

COMPLETION DATE _____ SUBTITLES? YES NO

IF SELECTED, THIS SCREENING WILL BE A :

World premiere US premiere New York premiere

SPECIFICATIONS OF EXHIBITION COPY:

FORMAT VHS DVD

TOTAL RUNNING TIME _____ MINUTES

ASPECT RATIO: 1.33 1.66 1.85 2.35

CONTACT INFORMATION (PERSON WHO IS SUBMITTING ENTRY)

NAME _____ COMPANY (IF ANY) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ COUNTRY _____

EMAIL _____

www _____

PRINT SOURCE INFORMATION- IF DIFFERENT FROM CONTACT INFORMATION

NAME _____ COMPANY (IF ANY) _____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

PHONE_____ **COUNTRY**_____

EMAIL_____

www_____

How did you hear about this?

SIGNATURE_____ **DATE**_____

Your signature grants Asian & Pacific Islanders Coalition on HIV/AIDS (APICHA) permission to screen the above-mentioned work at the APICHA "Food, Health & Taking a Bite of the Big Apple" Short Films Program and warrants that all necessary steps have been taken to obtain the rights to display the work. Your signature also grants APICHA permission to use stills and excerpts from the work for promotional purposes. By signing above, you understand that APICHA may choose to exhibit your film from your screener copy rather than your exhibition copy (depending on the program or venue) and that no guest accommodations or airfare is implied for filmmakers of selected works.

ENTRY SUBMISSION CHECKLIST
Completed and signed entry form
Press kit (if available)
Submission tape (VHS or DVD)
Brief description of the film

SUBMISSION MAILING ADDRESS
Att. To: Ding Pajaron
400 Broadway
New York, NY 10013

FOR ANY QUESTIONS REGARDING SUBMISSIONS E-MAIL TO: gpajaron@apicha.org