

LIFT'S ROUND-UP 2015: SUBMISSION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Daytime #: _____ Evening #: _____

Email: _____

Website: _____

Street Address (and Unit Number): _____

City: _____ Province: _____ Postal code: _____

LIFT Membership Expiry Date: _____

PROJECT INFORMATION

Title: _____

Completion Date: _____ Genre: _____

Your role(s) in this project: _____

Vimeo Link: _____ Password: _____

Production Format (check all applicable formats):

Regular 8mm Super 8mm 16mm 35mm

Video/Digital Other _____

Exhibition Format (*must* be able to provide this format for screening):

Digital File (Apple ProRes 422 (HQ) 1920x1080 with 24-bit audio)

Technical Specs: (check all applicable):

Colour Black and White Sound Silent

Running Time (maximum 10 minutes including credits): _____

Aspect Ratio: _____

Is this your first film? Yes No

What production equipment and/or post-production facilities did you use at LIFT to make this project? Please be specific.

Brief synopsis of the film—maximum 100 words written out in space below.
(Do not put see website, press kit, DVD, etc.)

Brief Biography—maximum 100 words written out in space below.
(Do not put see website, press kit, DVD, etc.)
