



Send your entry to: MIFF - 1132 Virginia Ave. NE #19 - Atlanta, Georgia, USA - 30306

Title _____

Director _____

Screenwriter _____ Producer _____

If accepted, will you attend MIFF? _____

Length in minutes _____ Genre (optional) _____

Shooting format _____ Preferred Screening Format _____

Origin of film (city, state, country) _____

Year of completion _____ Method of Payment _____

Synopsis _____

Film website _____

How did you hear about us? _____

Contact name _____

Mailing Address _____

Telephone _____ Email _____

Sign and Date if you read and understand the submission guidelines:
