



ASSOCIATION CINEMAS ET CULTURES D'AFRIQUE

## REGISTRATION FORM

Title of the film		Country	
Director		Year	
Fiction	<input type="checkbox"/>	Documentary	<input type="checkbox"/>
Animation	<input type="checkbox"/>	Other	<input type="checkbox"/>
Digital version	<input type="checkbox"/>	Duration	
Sound	<input type="checkbox"/>	Colour	<input type="checkbox"/>
		White-and-black	<input type="checkbox"/>
Languages		Subtitles	
Director's adress			
Phone number			
Mobile phone		Email adress	
Producer's adress			
Phone number			
Mobile phone		Email adress	
Distributor's adress			
Phone number			
Mobile phone		Email adress	

Thank you for sending a document presenting the synopsis and a photo of the film as an attachment.

All subscriptions accept the rules enclosed.