



ASSOCIATION CINÉMAS ET CULTURES D'AFRIQUE

## REGISTRATION FORM

### **TECHNICAL & ARTISTIC INFORMATION :**

Original title :

Director (s) :

Country :

Year :

Documentary

Fiction

Animation

Other

Digital version :

Duration :

Colour

Black & white

Languages :

Subtitles:

### **DIRECTOR INFORMATION :**

Name and surname:

Nationality:

Email adress:

Phone number :

Mobile phone :



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Adress :

**PRODUCER INFORMATION :**

Email adress :

Phone number :

Adress :

**DISTRIBUTOR INFORMATION :**

Email adress:

Phone number:

Adress :

**Thank you to join us a document presenting the synopsis, a photo of the film and some biographic elements about the director. Please fill in a viewing link (write it below) or any other medium allowing the viewing of the film (USB key, DVD...).**

**All subscriptions accept the rules enclosed.**

Viewing link :

Password :