



SUBMISSION FORM

General information

Original title _____

English title _____

Synopsis _____

Director

Name _____

Date of birth _____

Address _____

City / Postal Code _____

Country _____

Phone _____

Email _____

Website _____

Production

Name _____

Production company _____

Address _____

City / Postal Code _____

Country _____

Phone _____

Email _____

Website _____

Distribution

Name _____

Distribution company _____

Address _____

City / Postal Code _____

Country _____

Phone _____

Email _____

Website _____



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Technical information

Year of production _____

Country/ies of production _____

Running time _____

The film is a

Feature Film (fiction) Documentary Short Film

Screening format

DCP BluRay ProRes H264

Original language _____

English subtitles Italian subtitles

Themes

Gay Lesbian Bisexual Transgender LGBTQ+

Premiere status and previous festivals

In case of selection the film would be a

World Première European Première Italian Première None of the above

Festival Selections and TV Broadcasts _____

Awards _____

Preview link

Link _____

Password _____

I have read and accept the regulations and registration procedures for MiX – International Festival of LGBTQ+ Cinema and Queer Culture 2021

Date _____ Name and Surname _____

Company _____

To finalize the registration, please send this pdf to: programma@festivalmixmilano.com