



FANTASPORTO 2024 • ENTRY FORM
SUBMISSIONS CLOSE NOVEMBER, 30TH 2023

**44TH FANTASPORTO
 OPORTO INTERNATIONAL
 FILM FESTIVAL
 MARCH 1ST - 10TH,
 2024**

COMPULSORY FOR LEGAL REASONS/OBRIGATÓRIO POR RAZÕES LEGAIS

This Entry Form must be sent, filled and signed, with the link and password of the submitted film before November 30th, 2023 / a ser enviada antes de 30 de Novembro de 2023
 (Please use CAPITAL LETTERS/LETRAS MAIÚSCULAS)

TITLE/TÍTULO ORIGINAL _____

GENRE/GÉNERO _____ **Duration/Duração** _____

Live image/Imagem real **Animation/Animação** **Fiction/Ficção** **Documentary/Doc**

Name of the Director(s) | Nome do(s) Realizador(s) _____

Screenplay/Argumento _____ **Editing/Montagem** _____

Cinematography/Fotografia _____ **Main Cast/Intérpretes** _____

APPLYING FOR SECTION

Fantasy Feature (Competition) **Fantasy Short (Competition)** **Directors Week Feature (Competition)**

Orient Express Feature (Competition) **Cinema Português (Competição)**

Country of Production _____ **Production Date** ____ / ____ / ____

World Première **International Première** **European Première** **Portuguese Première**

Date of World Première ____ / ____ / ____ **Where** _____

Producer(s)/Produtor(es) _____

Producers Address/Morada produtor _____

E-mail _____ **Mobile** _____ **Website** _____

Distributor or Sales Agent _____ **E-mail** _____

SUPPORT FOR THE SCREENING

DCP **mp4HQ (shorts only)** **Colour** **Black & White** **Dialogue Language** _____ **English subtitles**

I assure that the information given is correct and complies with the regulations of the festival. I also give permission for screening this film in the festival if this submission is approved.

PLEASE DOWNLOAD THIS ENTRY FORM, FILL IT, SIGN IT (COMPULSORY) AND SEND IT TO THE FESTIVAL, WITH THE LINK AND PASSWORD OF THE SUBMITTED FILM.

Name of the legal representative _____

FANTASPORTO
 Rua Aníbal Cunha, 121
 4050-048 Porto
 Portugal

_____ **Date** ____ / ____ / ____

Signature

E-mail info@fantasporto.com