

Kurzfilmtage Thalmässing

Kurzfilmfestival Thalmässing
c/o Hans Seidl
Lerchenstraße 15
D-91177 Thalmässing

Title: _____ Running time: _____ :

Synopsis: _____

Contactperson: _____

Address: _____

Phone: _____ mobile: _____ email: _____

Genre/technique: _____

Screening copy: _____

Director: _____

Producer: _____

Actors: _____

Country and year of production: _____

Funded by: _____

Previous festivals: _____

Awards: _____

If required cut out and put it onto the package.

