

African Diaspora International Film Festival
535 Cathedral Parkway, Suite 14B.
New York, NY 10025. USA
Tel: 212-864-1760
Fax: 212-316-6020

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AFRICAN DIASPORA INTERNATIONAL FILM FESTIVAL 2021 ENTRY FORM

Film title _____

Short Synopsis _____

Available presentation format (check all that apply): HD file () BLU-RAY () DCP ()
Please send DVD or preview link of your film for submission purpose only with this entry form.

Film Genre: Comedy ___ Drama ___ Doc ___ Other (specify) _____

Country(ies) of origin: _____ Original Language(s): _____

Running time: _____ Year of copyright: _____ The film is subtitled in English () Yes () No

Awards won by film: _____

Link: _____ Password: _____

Twitter Handle: _____ Facebook Page: _____

Has the film ever been screened **or will it be screened before its participation in the ADIFF NYC:**

in New York? () Yes () No Date: _____ Where: _____

in the US? () Yes () No Date: _____ City(ies): _____

In Paris, France () Yes () No Do you have a French Subtitled version () Yes () No

Director (Name, Address, Phone, Fax, E-mail): _____

Export Agent / US Distributor (Name, Address, Phone, Fax, E-mail): _____

Print Owner: _____ Print replacement value: _____

Print to be returned to (Name, Address, Phone, Fax, E-mail): _____

ADIFF NYC Public Award Competition for Best Film Directed by a Woman of Color
My film is 1) directed by a woman of color 2) 60min or longer and 3) will have its NY Premiere in
ADIFF NYC: () Yes () No . If Yes, I want the film entered in the competition: () Yes () No

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Additional Credit

Screenplay: _____

Cinematography: _____

Editor: _____

Producer: _____

Music: _____

Sound: _____

Cast:	Actor/Actress	Character Names
_____	_____	_____
_____	_____	_____

Contact information to be published in festival's brochure: _____

IMPORTANT:

To publicize your film to the maximum advantage, the following promotional material will be required **if your film is accepted:**

1. Several high resolution images (300dpi or more)
2. Publicity materials and posters
3. A picture and short bio/filmography of the director
4. Any reviews of the film
5. The film trailer in digital format and/or DVD and/or the address of the trailer on the web

PLEASE CHECK TO CONFIRM THE FOLLOWING STATEMENTS, AS APPLICABLE:

Should my film be selected, I allow ADIFF to share a preview link of my film with the press for promotional purposes. () Yes () No

Should the film be selected, I allow ADIFF to use a short segment of my film for the ADIFF trailer, if needed. () Yes () No

I understand that my film submission may be considered for all the African Diaspora International Film Festivals related events, included but not limited to ADIFF-Chicago in June, ADIFF- Washington DC in August, ADIFF Paris, France in September, ADIFF-Manhattan in November/December, and/or any other ADIFF film series or program.

I would like my film to be considered for all ADIFF events () Yes () No

Signature: _____

Please mail the above listed materials and this signed entry form to ADIFF at the following address: **ADIFF, 535 Cathedral Parkway Suite 14B, New York, NY 10025.** You may also e-mail info@nyadiff.org. Materials should be received as soon as possible. For ADIFF NYC 2021, our deadline is June 30, 2021 for shorts and documentaries, and August 31, 2021 for feature films. **THERE IS NO ENTRY FEE. Due to submission volume, DVD screeners will not be returned.**