

## FILM ABSTRACT SUBMISSION FORM

Please send your abstracts to [courage.filmfestival@btk.mta.hu](mailto:courage.filmfestival@btk.mta.hu) by midnight September 29, 2017

TITLE OF THE FILM (in English):

TITILE OF THE FILM (in the original language):

NAME(s) of the filmmaker(s):

ABSTRACT of the film (max. 500 words):

YEAR of production:

Format:

Duration (minutes):

Languages:

Subtitles:

NAMES OF KEY ACTOR(S)/INTERVIEWEE(S) in the film:

CONTACT DETAILS: Name of Contact Person:

email address:

phone:

A declaration of rights clarifying the rights of the candidate to screen the film:

The undersigned filmmaker hereby declares that this film needs no additional license to be screened at the COURAGE–PAREVO international documentary film festival in 2018. This consent constitutes a legally binding affirmation that the COURAGE–PAREVO international documentary film festival has the filmmaker's permission to screen the film in 2018 (public screening).

PLACE, DATE

SIGNATURE

(name)