CSFF Application form

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| --- | --- | --- | --- | --- |
| Name of Director | Address | | | |
|  | Zip code: | | | |
| Name of Applicant | Age | Gender | E-mail | |
|  |  |  |  | |
| Applying sector | | Year of production | Running time |
| Title |
| Film  or  Motion Picture | |  |  |
|  |
| URL to access your work | | | | |
|  | | | | |
| Director's Profile | | | | |
|  | | | | |
| Synopsis of work | | | | |
|  | | | | |

I hereby agree to abide by the terms and conditions as provided in the Application Guideline.

Application destination：cyberspacefilmfestival@gmail.com

\*We will contact applicants who have passed the screening during the beginning of September 2020.