

## First Look Submission

*Please fill in the form and send it to [locarnopro@locarnofestival.ch](mailto:locarnopro@locarnofestival.ch) by 31 May 2021.*

*ORIGINAL TITLE*

*INTERNATIONAL TITLE*

Producer/s: *Name Surname, Name Surname*

1) Production Company profile  
*no more than 400 characters (including spaces)*

2) Company Filmography  
*Title (original/international) + Director + Year (max 5 titles)*

3) Directors' Biography  
*no more than 400 characters (including spaces)*

4) Director's Filmography  
*Title (original/International) + year (max 5 titles)*

5) Synopsis  
*no more than 400 characters (including spaces)*

Production Company (general information)

Production Company's name:

Producer's name: *Name Surname*

Address:

Phone/Mobile:

E-mail:

Co-Production Company (if available):

Director's Name:

Technical Information:

Screenplay by: *Name Surname, Name Surname*

Genre:

Format:

Runtime:

Shooting location:

Production status:

Total budget:

Looking for:

Final copy delivery deadline:

WIP Preview Screener Link:

Password:

**Please also include:**

**Picture of the main producer (.jpg) and video pitch of the WIP: max 5'**