## INDIE FILM JAM SUBMISSION FORM



## FILMMAKER INFORMATION: (Please type or print clearly)

Name:			
Film Name:			
Director/Producer Names:			
Genre:			
Management/ Affiliations:			
Mailing Address:			
City:	State:	Zip:	
Phone:	Cell:	Cell:	
Reachable Email:			
Website/URL:			
refundable processing fee (see belo	n either VHS or DVD format, with a basic s w). <b>CATEGORIES: Shorts</b> - Narrative Sh <b>sic Video</b> - Any style or Genre of music un	orts, Docs, and Animation accepted. Mus	
Credit Card #:	Ex	Expiration Date:	
Name on Card:			
Billing Address:			
City:	State:	Zip:	
Signature:		Date:	

Mail submission form with payment & media kit (DVD/VHS, bio, photo) to: aXis Promotions (FMF2006-FILM) • 116 South Orange Avenue • Orlando, Florida 32801

MAY 17TH-20TH, 2006 • DOWNTOWN, ORLANDO