**Application**

**RusDocFilmFest-3W in New York – October, 20-22, 2017**

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| --- |
| Your name |
| Film Title |
| Year |
| Studio |
| Director/Producer |
| Awards |
| Duration |
| Country |
| Competition or Non-Competition program (for all films) |
| **Copyright holder**  ***(****You must be a copyright holder / you must have an agreement with a copyright holder to screen the film at RusDocFilmFest-3W.* |
| **Your contact information** |
| |  | | --- | |  |   I agree with these conditions |

Mail or eMail the Agreement to:

**The New Review, Inc.**

**Attn.: RusDocFilmFest-3W**

**611 Broadway, Suite 902**

**New York, NY, 10012 USA**

**[rusdocfilmfest@gmail.com](mailto:rusdocfilmfest@gmail.com)**