**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**  |
|

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|  |

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**