DEADLINE FOR SUBMISSIONS: Dec. 20, 2015

The 2016 festival will be held April 1-3 at Lawrence University in Appleton, WI.

Please be sure to read all the entry guidelines before completing this form.

Primary Contact:
First Name: ___________________ Last Name: ___________________

Creative Role(s) (Sole Maker, Director, Writer, etc.): ______________________

ACM Student Status:
Member School: _____________________________
Current Student ___ Expected Year of Graduation ______
Recent Alumn ___ Year of Graduation ______

Email Address: ________________________________

Street Address: ________________________________

If your work is selected, will you be able to attend?
Yes___ No___ Part (specify dates)___________

Co-submitter (Optional):
First Name: ___________________ Last Name: ___________________

Creative Role(s) (Sole Maker, Director, Writer, etc.): ______________________

ACM Student Status:
Member School: _____________________________
Current Student ___ Expected Year of Graduation ______
Recent Alumn ___ Year of Graduation ______

Email Address: ________________________________

If your work is selected, will you be able to attend?
Yes___ No___ Part (specify dates)___________
Title of Work: 

Production Date (m/y): ____________ Aspect Ratio: 4:3 __ 16:9 __ Other __

Total Running Time (minutes: seconds): __________

Shooting Format(s): ________________________________

Synopsis (≤ 200 words):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other public screenings, festivals and awards: ________________________________

______________________________________________________________

Submission Category (check all that apply):
  Documentary ___ Animation ___ Music Video ___
  Narrative ___ Experimental ___ PSA ___
  New Media ___ Other __________________________

Preview Format:
  Sending a DVD (NTSC Region 0 or 1) ___
  Online Preview via Password Protected Vimeo Link (preferred) ___
  Link URL ____________________________
  Password __________________________

Festival Screening Format:
  Digital File ___ 16 mm print ___ Super-8/8mm Print ___
  New Media (describe) ____________________________
  Other __________________________

I have read and agree to all ACMFILM entry guidelines.

Primary Contact Sign ____________________________ Date ____________

Co-Submitter Sign ____________________________ Date ____________

MAIL TO:
  ACMFILM2016, Lawrence University, 711 E Boldt Way, Appleton, WI 54911