

FOR OFFICE USE ONLY	
RecDate: _____	ConfDate: _____
Payment received: \$ _____	
Method: Check Paypal WAB Waiver	
Program: _____	
Staff Init: _____	
Final Status: A NA NotifDate: _____	
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MIDWEST INDEPENDENT FILM FESTIVAL

SUBMISSION FORM

Film Title: _____ Running Time: _____

Primary Contact: _____ Title of Contact: _____
E-mail: _____ Phone: _____

Category (circle one): Feature Film Short Film Music Video Trailer

Genre (choose however many you like):

Comedy Drama Suspense Action Horror
 Documentary Animation Other (please explain: _____)

Is this piece being submitted for a specific film program (If not, that's ok!)? Yes No

If so, which one?

Advertising Community Shorts
 Comedic Shorts
 Female Filmmakers Shorts
 Other: _____

Is this piece being submitted as a student film? Yes No

If so, with which school is this film associated? _____

Primary Website for This Film: _____

Can your film be viewed online (optional)? Yes No

If so, please list URL here: _____

Is there a trailer for your film (optional)? Yes No

Is the trailer included in this submission packet (optional)? Yes No

Can your trailer be viewed online (optional)? Yes No

If so, please list URL here: _____

Director: _____	Midwest*: ___ Yes ___ No
Producer(s): _____	Midwest*: ___ Yes ___ No
Director of Photography: _____	Midwest*: ___ Yes ___ No
Editor: _____	Midwest*: ___ Yes ___ No
Sound Designer: _____	Midwest*: ___ Yes ___ No
Art Director: _____	Midwest*: ___ Yes ___ No
Writer: _____	Midwest*: ___ Yes ___ No
Lead Actor: _____	Midwest*: ___ Yes ___ No
Lead Actress: _____	Midwest*: ___ Yes ___ No
Supporting Actor or Actress: _____	Midwest*: ___ Yes ___ No

*"Midwest" is defined as someone who is currently based in or is a native of the Midwest, which we define as the eight-state region of Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Ohio and Wisconsin. For more information, please head to "Submit Your Film" on MidwestFilm.org.

Director's Contact Info:
 E-mail: _____ Phone: _____
 Address: _____

Production Company: _____

Producer's Contact Info:
 E-mail: _____ Phone: _____
 Address: _____

Additional Contact Info: (please specify)
 Name: _____ Title: _____
 E-mail: _____ Phone: _____
 Address: _____

What, if any, is this film's association with the Midwest?

Please list any previous or upcoming festival appearances, awards or other screening venues for this film (if more than five, please list on separate attachment):

1. _____
2. _____
3. _____
4. _____
5. _____

Synopsis:

Tagline (optional):

Any other interesting facts (optional)?

Why should we screen your film at The Midwest Independent Film Festival (optional)?

RULES AND REGULATIONS

The Midwest Independent Film Festival is solely dedicated to celebrating the best in Midwest filmmaking. Festival screenings are held on the First Tuesday of every month at Landmark's Century Centre Cinema, 2828 North Clark Street in Chicago, IL.

Payment of submission fee does not guarantee inclusion in our festival. Films are selected based on overall quality, production value, community relevance and/or other factors as determined by the screening committee. Although not required for submission, inclusion of press kit materials is encouraged.

Notification of submission packet receipt will be e-mailed to the filmmaker(s). Notification of film status will be e-mailed one to two business days after final determination has been reached by our Screening Committee. Our film review process typically averages two to three months from receipt of submission packet.

All DVD or VHS screeners are non-returnable and most will be disposed of after final determination.

If accepted for screening, the film must be delivered to MIFF in one of the following formats: 35mm, HDCAM, DigiBeta or as an uncompressed Quicktime file. The exhibition committee reserves the right to rescind any screening engagement if the film is not delivered on time.

By submitting your film, you are assigning non-exclusive rights to MIFF and its affiliated sub-venues to use said film in conjunction with aforementioned event and its associated website.

ENCLOSED:

Non-returnable VHS or DVD screening copy of film
 \$25 non-refundable submission fee (Check or money order payable to Midwest Film Inc.)

If submission fee is being paid with check/money order, please note:

Check number: _____ Bank: _____

*If submission fee payment was made via PayPal, please write your
PayPal Confirmation Code here: _____*

Signed and dated submission form

Press Kit (optional)

Cast & Crew Listing (optional)

Please send all submissions to:
Midwest Independent Film Festival
Attn: Exhibition Committee
329 West 18th Street, Suite 405
Chicago, IL 60616

SCREENING RELEASE

I hereby certify that I have read and understand the complete rules and regulations of The Midwest Independent Film Festival (MIFF). I also certify that I am the owner of the exhibition and distribution rights of the film/video listed on page one of this submission form and, if accepted, I hereby grant MIFF non-exclusive permission to use said film as described in the paragraphs above. I also understand I retain full ownership of said film and can continue to enjoy and exploit said ownership in any manner whatsoever.

Signed: _____ Date: _____

Thank you for submitting your film to The Midwest Independent Film Festival!