

# ASTORIA

INTERNATIONAL  
FILM FESTIVAL

**Title of Film:**

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**Producers:**

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**Director:**

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**Screenwriter:**

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**Production Company, if any:**

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**Contact Name:**

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**Address:**

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**Phone:**

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**Email:**

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**Film School/College, if any:**

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**Date of Production:**

**Budget:**

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**Running Time:**

**Black/White or Color:**

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**Language:**

**Country of Origin:**

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**Film Type:**

**Genre:**

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**Screening Format:**

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**Synopsis:**

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Send your application along with your materials to:

**AIFF Submissions  
P.O. Box 1261  
Astoria, OR 97103**