

LUMINOUS. CURIOUS. BE PART OF THE AFTERGLOW
CALL FOR SUBMISSIONS – QUEER CITY CINEMA FILM FESTIVAL

QUEER CITY CINEMA 2015 THE 12TH INTERNATIONAL QUEER FILM
FESTIVAL OF REGINA, CANADA

Submissions are now being accepted for our next festival, May 21 to 23, 2015
Deadline for submissions – March 1, 2015

ABOUT QUEER CITY CINEMA MEDIA ARTS FESTIVAL

Queer City Cinema Film Festival programs contemporary, recent, and historically relevant media artwork. Because of the relatively small scale of the festival in programming terms, Queer City Cinema Film Festival favours short and shorter media artworks to satisfy the mandate for maximum representation. Feature length works are represented in small numbers. Experimental, conceptual, difficult/risk taking, and provocative media artworks are of special interest to Queer City Cinema.

REQUIREMENTS:

- ON-LINE SUBMISSIONS ARE ENCOURAGED, OTHERWISE SEE BELOW.
- DVDs (NTSC or PAL) will be accepted for preview. DO NOT send master tapes.
- DVDs must be labeled with the title, running time and contact info (including name, address, email address, phone number, and website if applicable).
- Works submitted in languages other than English must be subtitled or accompanied by an English transcript.
- All preview DVDs will be added to the Queer City Cinema archives unless accompanied by a self-addressed stamped envelope (for submissions from outside Canada please use International Postal Coupons) and a request for return.
- IF YOU ARE SENDING WORK FROM OUTSIDE CANADA, PLEASE INDICATE ON THE OUTSIDE OF THE PACKAGE FOR FESTIVAL PREVIEW, NO COMMERCIAL VALUE OR YOU MAY BE REQUIRED TO PAY CUSTOMS DUTIES.
- DO NOT SEND WORK VIA UPS (UNITED PARCEL SERVICE) AS THEY CHARGE LARGE CUSTOMS FEES WHICH THE FESTIVAL WILL NOT PAY, AND YOUR SUBMISSION WILL BE RETURNED.

There is no submission fee. Please include the following info and documents with each submission:

- Completed and signed submission form.
- B&W and/ or colour stills. (Images on disk and emailed stills are both acceptable).

NOTIFICATION OF FINAL PROGRAMMING DECISIONS - ONE MONTH
PRIOR TO THE START DATE OF THE FESTIVAL.

Print/ tape source (for festival catalogue):

Producer/Distributor: _____

Contact Name (First, Last): _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/zip code: _____

Telephone: _____

Fax: _____ Email: _____

Website: _____

Director contact info (if different from print source contact):

First name: _____ Last Name: _____

Production company: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/zip code: _____

Telephone: _____

Fax: _____ Email: _____

Website: _____

Category (check all that apply):

Fiction _____ Documentary _____ Experimental _____ Animation _____

_____ Yes, I authorize Queer City Cinema to keep my submission for use in the Queer City Cinema Viewing Library with the understanding that the Library is for in-house viewing to the public only; no materials are lent out nor are they used for any additional public screenings without the written consent of the director and/or distributor. I have read and agree to the festival submission and participation in Queer City Cinema Film Festival and that all the above information is correct.

Signed: _____

Date: _____

SEND YOUR ON-LINE SUBMISSIONS TO: QUEERCITYCINEMA@YAHOO.CA
ATTN: GARY VARRO - ARTISTIC DIRECTOR

DVD SUBMISSIONS: QUEER CITY CINEMA
ATTENTION: GARY VARRO - ARTISTIC DIRECTOR C/O 2236 OSLER ST.
REGINA, SK, S4P 1W8 CANADA