



## CROSSING BORDERS APPLICATION FORM

Application Deadline: 16 April 2018

Please send a signed copy with all the required materials via email to: [submit@edn.network](mailto:submit@edn.network)

### 1. Applicant Information:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Applicant's role:	<input type="text"/>	Gender:	<input type="text"/>
Experience:	<input type="text"/>		
Link to self-presentation video:	<input type="text"/>		

### 2. Contact Information:

	Business Address		Home Address* (optional)
Company:	<input type="text"/>		
Street:	<input type="text"/>	Street:	<input type="text"/>
Zip Code & City:	<input type="text"/>	Zip Code & City:	<input type="text"/>
Country:	<input type="text"/>	Country:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Website:	<input type="text"/>	Website:	<input type="text"/>

\* please fill in your home address in case you do not have a business address

### 3. Project Information:

Project Title:

Production Stage:  Format:

Total Budget (€):  Film/Series length:

Production Company:  Cross Media:

Producer:  Genre:

Director:

Synopsis:

Link to previous work samples (director):

Link to trailer of applicant project:

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### 4. Rights - please tick as appropriate:

I am an author / director and hereby affirm that all copyrights to my submitted exposé(s) lie solely with me.

I am a producer and affirm that I am entitled to proceed with the realization and exploitation of the submitted project. All written agreements with the concerned writers exist with me and can be made available at any time.

I am unable to tick any of the above options and enclose with my application a separate statement on the status of rights to the exposé(s) submitted by me.

Incomplete applications cannot be taken into consideration. I affirm that all information in the application is accurate. Deliberate omission of or misleading information can lead to the exclusion from the programme. In the case of my selection I will actively participate in Crossing Borders.

Date & Place:

Name:   
(please type your first and last name in this field)