## **CONTACT INFORMATION**

Company:	
Submitter's Name:	Title:
Address:	
Phone (day):	Phone (evening):
Email:	
SUBMISSION INFORMATION	
Film Title:	
Run Time:	
Director(s):	
Producer(s):	
Category (check only one): Science Fiction Fanta	sy Horror
DECLARATION AND RELEASE	
I declare that I am the owner of this film and have obtaine required for presentation of this film at festivals. I have the	
Signature:	

## **DEADLINE**

• Entries received after May 1st of the preceding year and before April 30th of the current calendar year will be entered into the current calendar year festival. Entries received after May 1st of the current calendar year will be entered into next the next calendar year festival.

## MAIL SUBMISSION FORM AND ENTRY TO:

MisCon Film Festival P.O. Box 7721 Missoula, MT 59807