



shadows of the mind film festival

Film Submissions

The Film Selection Committee selects films for viewing based on their quality, merit, entertainment value and pertinence to raising awareness of social issues. Filmmakers may be invited to showcase their film.

While The Shadows of the Mind Film Festival does not actively seek submissions from Filmmakers for screening of their films at the festival, we will consider films from independent filmmakers. There is no fee to submit to our festival however, all submissions should accompany the attached application and should include the following information:

- Name of artist submitting the media
- Contact information for the same including phone, email, address
- A brief summary of the content of the movie and how it meets the mandate of our festival. "We are a film festival that showcases films and other art forms for two purposes: to entertain and to educate. By attracting audiences through the entertainment value of film, we use select films and events to increase awareness and education on mental health and addiction issues, as well as other prevalent social topics as decided each year."

All submissions are to be in DVD format and conform to NTSC and Region 1 or NTSC region free 0, and must be in English or in the original language with English subtitles. Submissions to be considered must be submitted and received by 12:01 AM January 1 of the year of the festival, any received after that time shall not be considered for that year's festival. All work submitted shall be current and produced in the year that it is submitted to the festival. Example: all material submitted to the 2009 Festival, must be completed in 2008.

Any submissions received may be unofficially screened by the Selection Committee and there is no guarantee that the film will be shown at the festival. All decisions relating to the screening or not screening of unsolicited material shall be at the sole discretion of the selection committee and will not be commented upon. Reviewed copies will not be returned.

SHADOWS OF THE MIND FILM FESTIVAL

Film Submissions Agreement

Name (Artist/Submitting):

First name:

Last name:

Address:

City:

Postal Code:

Phone:

Cell:

Fax:

Email:

How does your film meet the mandate of the festival?

Film is in DVD format: Yes: No:

Year Film was produced:

Film is in English or in the original language with English subtitles: Yes: No:

I hereby acknowledge that I am authorized to submit this work and by virtue of this submission I grant permission to Shadows of the Mind Film Festival to screen this film at their discretion to audiences of their choice, throughout the festival, and in exchange I am guaranteed notice of screening and due recognition.

Signed _____ Date _____

Submit to: Shadows of the Mind Film Festival
P.O. Box 22033
Sault Ste. Marie, Ontario, Canada
P6B 4Y5
ATTENTION: Film selection committee