

POSITIVE VOID

HANDPROCESSED SMALL FORMAT FILM FESTIVAL

TITLE _____

YEAR _____

FILMMAKER _____

ORIGINAL FORMAT 16mm Super 8 Standard 8mm

SUBMITTED FORMAT Film Digital Video
VHS not accepted

Color / Black & White Sound / Silent

RUNTIME _____ *Must be less than 15 minutes.*

FILMED @ _____ **FRAMES PER SECOND**

FILM SUMMARY *please include camera, film stock & processing notes.*

*Documentation provided above will be used to catalog entries
with a captured still frame image at www.positivevoid.org*

ADDRESS _____

EMAIL _____ and/or **PHONE** _____

*Entered films will not be returned by default.
You may choose one or both of the following options.*

- Postage or IRCs enclosed for film return after screening.
 Advance film to circulate Flicker Film Festival network.

send to:
POSITIVE VOID
P. O. Box 7456
Springfield, IL 62791
USA