**Global Migration Film Festival Submission Form**

**/Film Title:**

**/Length:**

**/Original Language:**

**/Subtitles:**

**/Running Time:**

**/Date Completed:**

**/Director name**

**/Complete address (street, number, city, country, zip code):**

**/Telephone:**

**/e-mail:**

**/Film Synopsis:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date I Place I Signature**

**Global Migration Film Festival (MCD)**

Route des Morillons 17

1218 Le Grand-Saconnex

Geneva – Switzerland

\*Films will not be returned\*

\*Only films posted until the 17 of September will be considered\*