# 11e FESTIVAL CINEMAS D’AFRIQUE - Lausanne

**18 au 21 août 2016**deadline 30 avril 2016

***Formulaire d’inscription*** *- Registration Form*

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**Titre original** Original Title :

**Titre Français** French Title :

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**Fiction/** Fiction **Documentaire** /Documentary :

**Pays de Production** Country of production :

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**Langue originale** Original Language :

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**Langue des sous-titres** Language of subtitles :

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**Année de production** Year of production:

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**Durée** Running Time:

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**Réalisateur** Director :

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**Scénario** Screenplay :

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**Image** Photography :

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**Musique** Music :

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**Montage** Editing :

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**Interprètes principaux** Main Cast :

**Société de production** Production company :



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**Contact**

**Nom** Name :

**Adresse** Address :

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**E-mail :**

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**Phone and fax number :**

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**Film Web site :**

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**Synopsis :**

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**Bio-filmographie du réalisateur** Bio-filmography of the director :

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**Sélection festivals** Festivals selection

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Date et signature :

**Pour la sélection, nous avons besoin d'un dvd de visionnage ou d'un lien internet info@cinemasdafrique.ch**

For the selection we need a screener DVD (address below) or a web link info@cinemasdafrique.ch

Ce formulaire sera utilisé pour la rédaction du catalogue du Festival

This entry form will be also used for the redaction of the festival’s documentation.

Envoyer à/to be Send to:

**Association Afrique cinémas - Rasude 2 – CH-1006 Lausanne – Suisse/Switzerland**

**info@cinemasdafrique.ch – T +41 78 623 50 13 – www.cinemasdafrique.ch**