

# Distribution Request Form

## Applicant Contact Information

APPLICANT NAME		DATE
ORGANIZATION		
ADDRESS		
CITY	STATE	ZIP/POSTAL
COUNTRY		
DAY PHONE	EVENING	FAX NUMBER
EMAIL		
WEBSITE		

## Director Contact Information

DIRECTOR NAME		
ADDRESS		
CITY	STATE	ZIP/POSTAL
COUNTRY		
DAY PHONE	EVENING	FAX NUMBER
EMAIL		
WEBSITE		

## Information About Work

ORIGINAL TITLE OF WORK
ENGLISH TITLE OF WORK
NATIONALITY OF WORK
ORIGINAL FORMAT
EXHIBITION FORMATS

**Third World Newsreel  
Distribution Request Form (continued)**

**Information About Work  
(continued)**

DATE COMPLETED \_\_\_\_\_ RUNNING TIME (MINUTES) \_\_\_\_\_

LANGUAGE(S) OF WORK \_\_\_\_\_ SUBTITLED \_\_\_\_\_ LANGUAGE(S) OF SUBTITLES \_\_\_\_\_  
 Yes  No

GENRE OF WORK (check all that apply)  
 Documentary  Dramatization  Narrative  Experimental  Animation

BRIEF SYNOPSIS OF WORK

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**List Current or Past Distributors and Sales Agents**

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**List Any U.S. or International Television Sales**

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**List Any Festival Screenings**

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**List Any Festivals Rejecting the Work**

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**Third World Newsreel  
Distribution Request Form (continued)**

List Any Prizes or Awards for the Work

**Attach a biography of the Director to this application**

**Attach copies of any reviews or other materials you believe would relevant to this application**

Send the completed application and attachments to:

DISTRIBUTION REQUEST  
THIRD WORLD NEWSREEL  
545 8TH AVENUE, SUITE 550  
NEW YORK, NY 10018

QUESTIONS OR NEED ASSISTANCE?  Contact Third World Newsreel at 212-947-9277, ext 17  OR  Email <a href="mailto:distribution@twn.org">distribution@twn.org</a>
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