第四届成渝大学生影像季参展影片登记表

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| **影片名称** |  | | **投稿类别** | | | **□剧情短片　　□纪录短片** | | | |
| **指导教师** |  | | **题材** |  | | | **时长** |  | |
| **投**  **稿**  **人** | **姓 名** | |  | | | | | | |
| **联系地址** | |  | | | | | | |
| **身份证号码** | |  | | | | | | |
| **手 机** | |  | | | | | | |
| **邮 箱** | |  | | | | | | |
| **主**  **创**  **人**  **员** | **序号** | **姓名** | **职责** | | **在读（毕业学校）** | | | | **学历层次** |
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| **内**  **容**  **简**  **介** | 200字以内 | | | | | | | | |
| 本人填写并提交此表，即确认已完全理解并同意《第四届成渝大学生影像季征稿启事》之所有内容，并自愿投稿上述影片参加第四届成渝大学生影像季相关活动。  投稿人签名：  年 月 日 | | | | | | | | | |