ENTRY FORM FOR
THE 26TH ANNUAL SATELLITE® AWARDS
MOTION PICTURES

Please complete the following entry form (TYPE or PRINT) for each Motion Picture and return to:

International Press Academy
Production Office
15225 Weddington Street
Sherman Oaks, CA 91411
(818) 989-1589
FAX (818) 787-3627
www.pressacademy.com
info@pressacademy.com

The film must have been released within the year of January 1, 2021 to December 31, 2021.

DEADLINE FOR MOTION PICTURE ENTRY FORM SUBMISSIONS IS: November 15, 2021.

(PLEASE MAIL OR EMAIL YOUR ENTRY FORM.)

TITLE OF FILM: ________________________________________________________________

CATEGORY (Circle One): DRAMA – COMEDY/MUSICAL – INTERNATIONAL – DOCUMENTARY – ANIMATED/MIXED MEDIA

COUNTRY: ________________________________________________________________

LANGUAGE: ________________________________________________________________

ACTRESS IN A MOTION PICTURE: _____________________________________________

ACTOR IN A MOTION PICTURE: _______________________________________________

ACTRESS IN A SUPPORTING ROLE: ____________________________________________

ACTOR IN A SUPPORTING ROLE: ______________________________________________
DIRECTOR: ________________________________________________________________

SCREENPLAY ORIGINAL: ______________________________________________________

SCREENPLAY ADAPTED: ________________________________________________________

ORIGINAL SCORE: _____________________________________________________________

ORIGINAL SONG: ______________________________________________________________

CINEMATOGRAPHY: ____________________________________________________________

FILM EDITING: ________________________________________________________________

SOUND (EDITING & MIXING): ______________________________________________________

VISUAL EFFECTS: ______________________________________________________________

ART DIRECTION & PRODUCTION DESIGN: __________________________________________

COSTUME DESIGN: ____________________________________________________________

STUNTS: ________________________________________________________________

PRODUCTION COMPANY: ________________________________________________________

RELEASING COMPANY: _________________________________________________________

CONTACT NAME: ______________________________________________________________

CONTACT TITLE: ______________________________________________________________

ADDRESS: _________________________________________________________________

PHONE: __________________________ E-MAIL: ______________________________

SIGNATURE: ________________________________

DATE: _____________________________

Please submit this entry form to our Production Office:

IPA PRODUCTION OFFICE
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