

PLURAL + 2010 VIDEO FESTIVAL

-----ENTRY FORM-----

- * Before filling out the entry form, please read the FAQ and the Rules and Regulations
- * Deadline for submissions is midnight (US EST or GMT -5) on June 30, 2010
- * This entry form must be completed in English
- * Complete the entry form, print it, sign it, and mail it with the video (DVD format only) to:

**PLURAL + 2010 Video Festival
 United Nations-Alliance of Civilizations
 Chrysler building
 405 Lexington Avenue, 5th floor
 New York, NY 10174
 United States of America**

Video Information

| | |
|---|--|
| Original title of video | |
| English title (if original title is not in English) | |
| Original language(s) of video | |
| Length of video (minutes : seconds) | |
| Date of completion (day / month / year) | |

| | | | |
|--|--|---------------------------------|-----------------------------------|
| Country and location of production/videotaping | | | |
| Shooting format (mark 'x' next to the applicable format) | <input type="checkbox"/> mini DV | <input type="checkbox"/> DVD | <input type="checkbox"/> DvCam |
| | <input type="checkbox"/> DV | <input type="checkbox"/> Beta | <input type="checkbox"/> DigiBeta |
| | <input type="checkbox"/> HD | <input type="checkbox"/> 16mm | <input type="checkbox"/> 35mm |
| | <input type="checkbox"/> Don't Know | | |
| Available screening format (mark as many as applicable) | <input type="checkbox"/> DVD | <input type="checkbox"/> miniDV | <input type="checkbox"/> DvCam |
| | <input type="checkbox"/> DV | <input type="checkbox"/> Beta | <input type="checkbox"/> DigiBeta |
| | <input type="checkbox"/> Other (_____) | | |
| Short description of the video | | | |

| | |
|--|--|
| | |
| Entrant's Information | |
| First name | |
| Family name | |
| Role in the making of the video ¹ | |
| Place and country of birth | |
| Age (as of September 30, 2010) | |

List additional people who helped to make this video

(if additional space is needed attach a separate page)

| | | | | | | | |
|------------|--|-------------|--|-------------------|--|-----|--|
| First name | | Family name | | Role ² | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |
| First name | | Family name | | Role | | Age | |

| | |
|---|--|
| If the video wins an award, to whom should it be addressed? | |
| Video screening history (has the video been shown before – on the internet, another festival etc.? If so, include year and location of any previous screenings. If not, leave blank. Use a separate sheet if necessary) | |
| | |
| | |
| | |

¹ What was your task in the making of this video? (i.e.: director, writer, camera person, editor, video animator, actor, coordinator, etc.)

² What was the person's task in the making of this video?

Primary Contact Information

The primary contact should be the one person who is able to answer questions about the video, receive mail and phone calls. This can be the entrant, one of the makers of the video, a parent, a teacher, etc

| | |
|---|--|
| First name | |
| Family name | |
| Organization (if applicable) | |
| Role (as per Note 1, page 2) | |
| Street address | |
| City | |
| State/Province | |
| Postal code | |
| Country | |
| Phone number (include country code) | |
| Alternative phone number (include country code) | |
| Fax number (include country code) | |
| Email address | |

Please ensure that you have completed and agree with everything in this check-list and mark 'X' in the box next to each statement:

| | |
|--------------------------|---|
| <input type="checkbox"/> | The DVD is labeled on the top in permanent marker with my name and the English title of the video |
| <input type="checkbox"/> | I/we have the consent of everyone appearing in the video |
| <input type="checkbox"/> | I/we have the consent of everyone whose music is used in the video |
| <input type="checkbox"/> | My/our video is between 1 and 5 minutes long (including title and opening and closing credits) |
| <input type="checkbox"/> | My/our video is in English or has English subtitles |
| <input type="checkbox"/> | If I/we are minors in my/our country of residence, I/we have the permission of our parent/legal guardian to enter the PLURAL + Video Festival |
| <input type="checkbox"/> | I/we agree that I/we have read and adhered to the Rules and Regulations of the PLURAL + Video Festival |
| <input type="checkbox"/> | I/we agree that the video may be used by PLURAL + and associated partners for <u>non-commercial</u> distribution (Internet, festival screenings, broadcast, DVD distribution, educational screenings, etc.) |
| <input type="checkbox"/> | I/we are responsible for any copyrighted material included in the video |

Authorization and Signatures

I (entrant), _____, own the rights to the video and I agree to its use as described here and in the PLURAL + Rules and Regulations.

Signature: _____

Date (day· month· year): _____

Co-Signature of Parent/Legal Guardian/Teacher/Responsible Adult *(if Entrant is a minor in his/her country of residence):*

Print Name: _____

Date (day· month· year): _____

Please note: If your video is selected, **PLURAL +** will seek written consent of the parents or legal guardians of the makers of the video who are minors in their countries of residence.

How did you find out about the PLURAL + Video Festival?

PLEASE ENSURE THAT YOU HAVE COMPLETED ALL APPLICABLE SECTIONS
Print the completed Entry Form, sign it, and mail it with your DVD video to:

PLURAL + Video Festival
c/o UN-Alliance of Civilizations
405 Lexington Avenue, 5th floor
New York, NY 10174, USA
Phone Number: +1-212-457-1796

plural@unaoc.org