

PLURAL + 2012 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 July 1, 2012
- * 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 + Video Festival
United Nations-Alliance of Civilizations
Chrysler Building
405 Lexington Avenue, 5th Floor, Room 5026
New York, NY 10174
United States of America

- * Or, for website file hosting entries, email the URL of your file hosting website to: plural@unaoc.org, including the completed and signed entry form as an attachment.

Original Title:

English Title (if original title is not in English):

Original Language(s) of Video:

Length of Video:

 mins : seconds

Date of completion (day· month· year)

Country and Location of Production/Videotaping:

Shooting Format:

miniDV DVD DvCam DV Beta DigiBeta HD 16mm 35mm Don't Know

Format available for screening:

miniDV DVD DvCam DV Beta DigiBeta HD 16mm 35mm

Short Description of the Video

Entrant's Information

| | | |
|--|--|--|
| First Name | Family Name | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Role in the making of the video (1) | Place and Country of Birth | Age (as of September 30, 2012) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

List additional people who helped to make this video (if additional space is needed attach a separate page)

| 1. First Name: | Family Name: | Role (2): | Age: |
|--|--|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 2. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 3. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 4. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 5. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 6. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 7. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 8. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| 9. First Name: | Family Name: | Role: | Age: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

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.

2.

3.

NOTES:

- (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 <input type="text"/> | | Family Name <input type="text"/> | |
| Organization (if applicable): <input type="text"/> | | Role (as per Note 1, Page 2): <input type="text"/> | |
| Address <input type="text"/> | | | |
| <input type="text"/> | | | |
| City: <input type="text"/> | | State/Province <input type="text"/> | |
| Postal Code: <input type="text"/> | Country: <input type="text"/> | | |
| Phone Number (include country code): <input type="text"/> | | Alternative Phone Number (include country code) : <input type="text"/> | |
| Fax Number (include country code): <input type="text"/> | | Email Address: <input type="text"/> | |

Please ensure that you have completed and agree with everything in this check-list:

- The DVD is labeled on the top in permanent marker with my name and the English title of the video
- Or, my email and upload follow the instructions from Rules and Regulations
- I/we have the consent of everyone appearing in the video
- I/we have the consent of everyone whose music is used in the video
- My/our video is between 1 and 5 minutes long (including title and opening and closing credits)
- My/our video is in English or has English subtitles
- 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
- I/we agree that I/we have read and adhered to the Rules and Regulations of the PLURAL + Video Festival

- I/we agree that the video may be used by PLURAL + and associated partners for non-commercial distribution (Internet, festival screenings, broadcast, DVD distribution, educational screenings, etc.)
- 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 + 2012 Video Festival
c/o UN-Alliance of Civilizations
Chrysler Building
405 Lexington Avenue, 5th Floor
New York, NY, 10174 USA
Telephone: +1 212 457 1796
plural@unaoc.org