



2012 NAMIC VISION AWARDS - ENTRY FORM

The cost **per entry** is \$265, which is payable by credit card or check. Submissions that do not include payment will not be considered for judging. If paying by check, please make check payable to **NAMIC, Inc.** Do not send checks separately from your entry. If you are submitting multiple entries, you may pay with the same check or credit card. Please be sure to include a list of all entries covered by the payment.

A fully completed entry form **MUST** accompany each submission. The form may be copied for those companies with multiple submissions. Please type or print all information requested and return entry forms, submission and payments by **Friday, January 6, 2012** to:

Sandra Girado
NAMIC
320 West 37th Street – 8th Floor
New York, NY 10018

For questions regarding an entry/entries, contact Sandra Girado, Director of Meetings and Events at (212) 594-5985 or sandra.girado@namic.com.

ENTRY CATEGORIES

(check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Animation | <input type="checkbox"/> News/Informational | <input type="checkbox"/> Digital Media – Short Form |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Original Movie or Special | <input type="checkbox"/> Digital Media – Long Form |
| <input type="checkbox"/> Comedy | <input type="checkbox"/> Reality | |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Sports | |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Variety/Talk Show | |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Best Performance – Comedy | |
| <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Best Performance – Drama | |
-

ENTRY TITLE

(please list EXACTLY as you wish it to appear in promotional efforts)

PROGRAM LENGTH (MINUTES)

COMPANY NAME

(please list EXACTLY as you wish it to appear in promotional efforts)

MAILING ADDRESS

CITY/STATE/ZIP CODE

KEY CONTACT PEOPLE

ENTRY SUBMISSION

PHONE

EMAIL

PROGRAMMING CONTACT PERSON

PHONE

EMAIL

NETWORK PUBLICITY CONTACT PERSON

PHONE

EMAIL

CREDITS

PRODUCER(S)

DIRECTOR

WRITER(S)

TALENT

PAYMENT

Enclosed is a check in the amount of \$_____

I authorize NAMIC, Inc. to charge \$_____ to my: American Express Discover MasterCard VISA

Signature

Account Number

Expiration Date

Authorization Code

Name on Card

Billing Address (if different than above)

City/State/Zip Code

CONSENT

Please be advised that your submission of program content will acknowledge your consent for the NAMIC-Southern California Vision Awards to use a sixty (60) second clip of the winning entry (or entries in case of a tie) in each category on the NAMIC, Inc. website (www.namic.com) without limitations or restrictions of any kind. If additional permissions are required, please provide any release documentation with your submission. Your signature will confirm authorization of the aforementioned use.

Signature

Name

Date
