



Ref #:	_____
Date:	_____
Returned:	_____

Film and Video Preview Submission Form

Section 1: Submitter Contact Information

NAME OF PERSON SUBMITTING PREVIEW COPY: _____

ROLE IN PRODUCTION: MEDIAMAHER PRODUCER DISTRIBUTOR OTHER (SPECIFY): _____

STREET ADDRESS 1: _____

STREET ADDRESS 2: _____

CITY, STATE, ZIP/POSTAL CODE: _____

COUNTRY: _____

TEL: _____ FAX: _____

EMAIL: _____ URL: _____

Section 2: Basic Information about Submitted Work

TITLE: _____ EXACT RUNNING TIME: _____

TITLE OF ENGLISH VERSION (IF APPLICABLE): _____

COUNTRY OF PRODUCTION: _____ RELEASE YEAR: _____ COPYRIGHT YEAR: _____

PRODUCTION FORMAT: _____ SCREENING FORMAT: _____

WORK/FILM WEBSITE (IF APPLICABLE): _____

Section 3: Production Credits (AS THEY APPEAR ON SCREEN. PLEASE BE SURE TO INCLUDE TRIBAL AFFILIATIONS FOR NATIVE PARTICIPANTS.)

EXECUTIVE PRODUCER: _____

PRODUCER: _____

DIRECTOR: _____

PRODUCING ORGANIZATION: _____

OTHER INDIGENOUS PARTICIPATION: _____

Section 4: Content Information

PLEASE WRITE OR ATTACH A BRIEF (LESS THAN 50 WORDS) SYNOPSIS

Section 5: Language/Geographic/Tribal Information

LANGUAGE(S): (CHECK AND/OR SPECIFY)	ENGLISH	SPANISH	INDIGENOUS LANGUAGE (SPECIFY)	OTHER LANGUAGE (SPECIFY)
THE PRIMARY LANGUAGE SPOKEN IS:	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER SPOKEN LANGUAGES ARE:	<input type="checkbox"/>	<input type="checkbox"/>		
THE <i>SUBMITTED COPY</i> HAS SUBTITLES IN:	<input type="checkbox"/>	<input type="checkbox"/>		
THE <i>SUBMITTED COPY</i> HAS VOICEOVER IN:	<input type="checkbox"/>	<input type="checkbox"/>		
THE WORK IS ALSO AVAILABLE FOR AUDIENCES WHOSE PRIMARY LANGUAGE IS:	<input type="checkbox"/>	<input type="checkbox"/>		

THE WORK IS ABOUT (MEMBERS OF) THE FOLLOWING TRIBE/TRIBE(S):

FILMING LOCATION:

Section 6: Distributor Information

IS THIS WORK CURRENTLY IN DISTRIBUTION? YES NO

NAME:

STREET ADDRESS 1:

STREET ADDRESS 2:

CITY, STATE, ZIP/POSTAL CODE:

COUNTRY:

TEL:

FAX:

EMAIL:

URL:

Section 7: Exhibition Information

HAS THE WORK BEEN BROADCAST ON TELEVISION? WHEN? WHAT NETWORK(S)?

IS THIS A WORK IN PROGRESS? (IF YES, PLEASE PROVIDE DETAILS):

IF WE ARE INTERESTED IN SHOWING THIS WORK, WHOM SHOULD WE CONTACT? (WHO CONTROLS THE SCREENING RIGHTS?)

NAME:

ORGANIZATION

TEL:

FAX:

EMAIL

Section 8: Permissions

DO YOU AGREE TO DONATE THIS PREVIEW COPY TO THE FILM AND VIDEO CENTER FOR RESEARCH PURPOSES? YES NO

SIGNATURE (PLEASE WRITE YOUR FULL NAME):

DATE: