

PROGRAMME MARKET (VIDEOKIOSK) & COMPETITION REGISTRATION FORM

(only one form per programme - single or serial)

CONTACT

For this programme, I am: ☐ Producer ☐ Distributor ☐ Agent

First Name Last Name

Organization/Company Address

City code City Country

☎ Fax E-mail

PROGRAMME (TITLE)

Category

☐ Entertainment ☐ Documentary ☐ Fiction ☐ Specials

Short Summary

.....
.....

Keywords

(maximum 10!)

.....
.....

PRODUCTION DETAILS:

Own production / co-production
(please give name)

Cost per minute (US \$) Original language

Length (minutes) Date first broadcast

Production format

Tape standard ☐ PAL ☐ SECAM ☐ NTSC
Available copyrights ☐ TV ☐ Internet ☐ None

☐ **YES, I would like to enter my programme in the MITIL Awards competition**
(I have read and accept the competition rules & regulations included)

Free of charge

MATCHMAKING:

You do not need to be present during the MITIL to submit a programme; However, if you are planning to participate and wish to be reachable for any further inquiries about your programme, please give any useful contact information here: (hotel, mobile phone, dates of attendance at MITIL 2001, ...)

.....
.....

Your cassette will be at your disposal, at the end of the competition (20/06/01), at the welcome desk.

SUBMISSION DEADLINE: APRIL 30, 2001

The undersigned individual confirms that he has the full authority to represent the production company and owns the copyright to enter the programme at MITIL.

PAYMENT FORM

Entry fee Euros € 50.- per entry,
for up to 5 entries/company
(for additional entries, ask for discounted prices: info@mitil.org)

Credit card payment

Please charge my credit card with the amount
of Euros €:

☐ Visa ☐ Eurocard / Mastercard ☐ Amexco

CREDIT CARD

Card Number

.....

Expiry Date
.....

Card holder:

Please indicate billing address if different from
above:

.....
.....
.....

Card holder's signature:

.....

Signature Date

Please photocopy this form for more than one registration

This document is available online at: <http://www.mitil.org/pdf/videoiosk-reg.pdf>

Please complete and mail with the video cassette (VHS, DV or BETACAM only) to:

MITIL VIDEOKIOSK - SwissMedia Center, PO Box 517, CH-1800 Vevey/Switzerland - Fax (CH): +41 21 925 8035 - Fax (USA): +1 760 280 6390