

**ida/A&E IndieFilms/Heineken Finishing Fund
Entry Form**

Film Title: _____

Original Format: () Video, () 35 mm film, () 16 mm film () 8 mm film

Film Submission Format: () DVD. () VHS

Country of Origin: _____ Language of Film: _____

Director's Name: _____

Street Address: _____

City: _____ State: _____

Zip Code/Postal Code: _____ Country: _____

Phone: _____

E-mail Address: _____

Are you a 2007 ida member? YES NO

Amount paid: \$ _____

Early Bird Deadline (July 13, 2007) : ida Members \$10, Non Members \$15

Late Deadline (September 14, 2007) : ida Members \$15, Non Members \$20

Method of Payment (US funds only, Do not send cash):

Check/ Money Order (Make payable to: ida/A&E Finishing Fund)

Visa Master Card Amex

Credit Card #: _____

Exp. Date: _____

Name of Cardholder: _____

Billing Zip Code: _____

Authorized Signature: _____

*All film submissions must be made by mail. We don't accept personal deliveries of films. All film submissions must be postmarked by September 14, 2007.

I have read, understand and agree to all of the rules and eligibility requirements for the A&E IndieFilms/ Heineken/ ida Documentary Finishing Grant competition and attest to the accuracy of all information provided on this form. This film submitted is my original work and all rights to it and authority to submit it are mine.

I agree to indemnify A&E, Heineken and the ida and their respective agents and employees for all expenses arising out of any claims, loss or liability that may be asserted against them by third parties in connection with my submission of this film or any incorrect information that I provide or breach of any representation or agreement that I make in connection with my entry.

Print Name

Signature

Date

If this submission is a film made with funding from a university or other institution who holds the rights to the film, a representative from that institution must also sign below to indicate permission for the film to be submitted in this competition and agreement with the competition rules.

Print Name

Print Position

Print Name of Institution

Signature

Date