

VIHsION ENTRY FORM

DIRECTOR'S NAME: _____

APPLICANT'S NAME (IF DIFFERENT FROM DIR.): _____

CONTACT ADDRESS: _____

EMAIL: _____

FILM TITLE : _____

YEAR OF COMPLETION : _____

RUNNING TIME: _____

GENRE: _____

SHORT SYNOPSIS (25 WORDS):

RULES AND REGULATIONS:

WE ACCEPT **COMPLETED** FILMS OF ANY GENRE, LENGTH AND STYLE AS LONG AS THE THE FILM IS ABOUT **HIV/AIDS**. WE REQUIRE THAT YOUR ENTRY BE NTSC FORMAT. DVDS MUST BE REGION 1 READABLE. PLEASE NOTE: THE COPY SENT FOR PREVIEW IS THE SCREENING COPY. WE CANNOT SUPPORT SCREENING FORMATS OTHER THAN MINIDV, DVD, OR DVCAM.

THE ENTRY DEADLINE IS OCTOBER 30TH 2009.
ENTRY IS FREE OF CHARGE.

PLEASE SEND YOUR FILM AND THIS ENTRY FORM TO :
VIHsION
ATTN: KIM SIMARD
B.P. 32292 SUCC. ST.ANDRÉ
MONTRÉAL QC
H2L 2Y5