2015 CSWE Film Festival

Official Entry Form

CONTACT INFORMATION

Film Company:				
Contact Name:				
Contact Phone:				
Address Line 1:				
Address Line 2:				
City/State/Zip:				
E-mail Address:				
FILM INFORMATION				
Title of Production		Feature or Short	Entry Fee (see below)	
		Total Entry Fee:		
INK WHERE FILM MAY BE VI	EWED:			
PAYMENT: Wake checks payable to the Conformation. Do not send cash	Council on Social Work Education. If you h.	u are paying by credit c	ard, provide the following	
lame on Card:	Card Type (Visa/MC	Card Type (Visa/MC/AMEX):		
Card No.:	Exp. Date:	Security Co	Security Code:	
ts sponsors and partners, individual ncluding legal expenses arising out Testival. The CSWE Film Festival here	sary rights for the submission of this film and the ly and collectively, from and against all claims, a of or in connection with any and all claims, or th eby has my permission to use my name, film, pho and agree to all terms and conditions.	lemands, losses, damages, c ird-party claims, based on m	osts, liabilities, and expenses, naterial submitted to the CSWE Film	
Signed:	Date:			

Please mail this form, two DVD copies of your film (if hyperlink is not provided), and check or payment information to: **Council on Social Work Education, Attn: CSWE Film Festival, 1701 Duke Street, Suite 200, Alexandria, VA 22314.** You may also submit the form electronically to FilmFestival@cswe.org or fax it to 703.683-8493, and mail the DVDs and payment separately. All entries, including payment and films, must be **received** in the CSWE office by **Friday, June 5, 2015**.