Mitil
MARCHÉ INTERNATIONAL DES TÉLÉVISIONS & RADIOS INDÉPENDANTES ET LOCALES - INTERNATIONAL MARKET FOR INDEPENDENT & LOCAL BROADCASTERS

Vevey / Switzerland - 20-23 June 2001

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 .....

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Keywords (maximum 10!) .....

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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, ...)

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

SUBMISSION DEADLINE: MAY 31, 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:

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Card holder's signature:

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Signature ..... **Date** .....

Please photocopy this form for more than one registration

This document is available online at: http://www.mitil.org/pdf/videokiosk-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

02/01