



24th Annual IMAGEN AWARDS Entry Form

For questions or clarification: info@imagen.org or 1-626-376-9751

Deadline: June 1, 2009

Use one entry form for each submission. Print or type all information requested. Entry materials WILL NOT be returned.

1. Entry Name: _____

2. Category: Check one

FILM (Fill in Part 4A) (To be considered in this category, the film must be at least 50% Latino focused)

- BEST PICTURE
- BEST ACTOR
- BEST ACTRESS
- BEST SUPPORTING ACTOR
- BEST SUPPORTING ACTRESS
- BEST DIRECTOR
- BEST THEATRICAL SHORT OR STUDENT FILM
- BEST DOCUMENTARY FOR FILM

TELEVISION (Fill in Part 4B)

- BEST PRIMETIME PROGRAM**
Includes Comedy, Drama, & Movies of the Week
(To be considered in this category, the cast must be at least 25% Latino)
- BEST ACTOR
- BEST ACTRESS
- BEST SUPPORTING ACTOR
- BEST SUPPORTING ACTRESS
- BEST VARIETY OR REALITY SHOW

- BEST DOCUMENTARY FOR TELEVISION**
- BEST CHILDREN'S PROGRAMMING**
Please check one: ___ Age 0-10 ___ Age 11-17
- BEST NATIONAL INFORMATIONAL PROGRAMMING**
(including news stories or new specials)
- BEST LOCAL INFORMATIONAL PROGRAMMING**
(including news stories or new specials)
- BEST ON-AIR ADVERTISING**

THEATER*

- BEST LIVE THEATRICAL PRODUCTION**

3. Name of Actor or Director being submitted: _____

4A. FILM 1. Actor, Actress (include name of their character): _____

2. Is this a leading role? ___Yes ___No 3. Supporting role? ___Yes ___No

4B. TV Series and Episode Title: _____

1. Actor, Actress (include name of their character): _____

2. Is this a leading role? ___Yes ___No 3. Supporting role? ___Yes ___No 4. Recurring Role? ___Yes ___No

5. Language: English Spanish 6. TV Air/Theatrical Release/ Film Festival Date: _____ Length: _____

7. Credits:

Executive Producer/s: _____

Producer/s: _____ Writer/s: _____

Director: _____

Principal Cast: _____

8. Primary Contact:

Name: _____ Title: _____

Company: _____

Address: _____

Telephone: _____ FAX: _____

E-mail: _____

9. Synopsis: A brief written summary describing your entry **MUST** be attached to this entry to be considered. Please indicate the name of the person and their character name in the submission.

10. **ALL** requirements must be submitted in order to be eligible.

* For LIVE Theatrical Production submissions: Submit a DVD, the synopsis, and press clippings.

Deadline: June 1, 2009. PLEASE SUBMIT YOUR ENTRY WITH THE SIGNED ENTRY FORM, SYNOPSIS AND \$175.00** NON-REFUNDABLE PROCESSING FEE OR \$75 FEE FOR INDEPENDENT PRODUCERS, STUDENT FILMMAKERS, OR COMMUNITY THEATER TO:
The Imagen Foundation Awards Consideration Committee • 18034 Ventura Blvd., #261, Encino, CA 91316 / email: INFO@IMAGEN.ORG / WEBSITE: WWW.IMAGEN.ORG

WAIVER AND RELEASE

In consideration of the potential publicity, award, recognition and exposure this submission (the "Work") may receive, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned grants to The Imagen Foundation (the "Foundation") the non-exclusive right to use, display, reference and exhibit the above-referenced Work, in whole or in part, in connection with the Foundation's annual awards program and for purposes related to the awards program and/or other Foundation activities, including, without limitation, the right to include clips of the Work as part of and/or in connection with the Foundation's programs, and expressly waives any residual or other compensation that may otherwise be or become payable in connection with such use. Without limiting the generality of the foregoing, the undersigned acknowledges that the foregoing rights include the right for the Foundation to maintain and archive the Work, and to make the Work available for public and private viewing for educational and research purposes through the Foundation's Latino Media Research Center.

The undersigned expressly acknowledges that the Foundation will proceed in reliance upon this waiver and release, however, under no circumstances shall the Foundation be obligated in any way to use the Work, or any portion thereof, or to exploit any of the rights granted hereunder. The undersigned represents and warrants that it has the full right and authority to grant the rights granted to the Foundation hereunder, and that no other consents, authorizations or payments are necessary or required. The undersigned further acknowledges and agrees that it will not assert or maintain any claim, action, suit or demand of any kind or nature whatsoever arising out of or related to this waiver and release, and will indemnify the Foundation against any and all claims, actions, losses, damages, judgments and liabilities resulting from any breach or alleged breach of its representations herein.

Print Name of Signatory / Title / Company _____

Signature _____

Date _____

For questions, call 626-376-9751 or e-mail: info at imagen.org • The Imagen Foundation 18034 Ventura Blvd., #261 • Encino, CA 91316

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