

TOP INDUSTRY CONTACTS FORM

Please complete this form to confirm your agreement to receive details of the winning scripts of the Television Outreach Program (TOP).

Upon request of any winning scripts, you agree to the writers being put in contact with you.

Please print clearly.

Company:	
Company Type:	
Contact Name:	
Phone:	
Email:	
Date:	

1) What type of material are you looking for? (Please check appropriate boxes below.)

	30 min	60 min
Drama Specs – Existing Shows		
Drama – Original Pilots		
Comedy Specs – Existing Shows		
Comedy – Original Pilots		

TOP INDUSTRY CONTACTS FORM cont'd

2) Do you prefer cable, online or terrestrial TV shows? _____

3) Any other preferences such as miniseries/event programming and/or kids/family shows?

**Please note we do not consider reality shows at this time.

4) Please indicate whether you agree to Scriptwriters Network (SWN) using your company's name for promotional purposes.

Yes ____ No ____

Signature

Please return completed form to: competition@scriptwritersnetwork.org