

INDUSTRY CONTACTS FORM

Please complete this form to confirm your agreement to receive details of winning scripts / projects for SWN's programs and/or contests.

Please print clearly.

Company:	
Company Type:	
Contact Name:	
Phone:	
Email:	
Website:	

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

	30 min	60 min	longer
Drama Specs – Existing Shows			
Drama – Original Pilots			
Comedy Specs – Existing Shows			
Comedy – Original Pilots			
Sci Fi Specs – Existing Shows			
Sci Fi – Original Pilots			
Other – please note here:			

2) I / we would like to receive winning scripts / projects for the following:

HOP (Hollywood Outreach Program) _____ **TOP** (Television Outreach Program) _____

HCSP (High Concept Screenplay Program) _____ Creative Writing Challenge _____

The Scriptwriters Network Foundation, Inc., P.O. Box 642806, Los Angeles, CA 90064

Web address: scriptwritersnetwork.org

INDUSTRY CONTACTS FORM Cont'd

Other interests / specific project you are requesting:

Information you would like us to know:

3) I / we agree to be connected directly to the writer of the project. Yes ____ No ____

4) Please indicate whether you agree to Scriptwriters Network (SWN) using your company's name and/or website for promotional purposes. Yes ____ No ____

5) May we contact you for items not checked above? Yes ____ No ____

6) Are you interested in supporting SWN in other ways? Yes ____ No ____

a. If so, please explain: _____

Date: _____

Print Name: _____

Signature: _____

We thank you for your support and for working with us.

**Please return completed form to: programdept@scriptwritersnetwork.org.

**Form is for SWN USE only.

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