



Film & Video Application Form

Name: _____

Company name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Web site: _____

Submission Title: _____

Description: _____

Total Running Time: _____ Date Completed: _____ Original Format: _____

Entrant's role in production: _____

Other key personnel: _____

Would showing your film at STEMpalooza be a premiere? YES NO

List Awards this entry has received: _____

Please include form with DVD and mail to:

University of Colorado Denver
STEMpalooza Film/Video
Campus Box 153
P.O. Box 173364
Denver, CO 80217-3364

For Office Use Only:

Date acknowledgement sent: _____ Approval: YES NO

Time/Date of display: _____