**Entry Form**

All entries must be submitted on DVD (2 copies), accompanied by this form, and posted to:

**Stephanie Swain**

**Connecting with Law Short Film Competition**

**Oxford University Press**

**GPO Box 2784  
Melbourne VIC 3001**

**Entries must be received by close of business on Friday July 29, 2016.**

**Please type in all of your answers.**

Name of film: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Main contact for this entry:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |
| University: |  |
| Degree: |  |
| Year level: |  |

**Name/s & contact detail/s of other students involved in making this film:**

|  |  |  |
| --- | --- | --- |
| Name | Address | Email address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please provide a short summary of your film, and how it will educate, entertain and engage your fellow law students (100 words or less).**

Please tick to indicate that you agree to the following, and sign and date below:

I am currently enrolled in a law / legal studies / business law subject at an Australian University.

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject / Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This film is my / our own original work, and does not, and will not, infringe the intellectual property rights, moral rights or other rights of any person.

I / we grant Oxford University Press non-exclusive rights to screen the film, including, but not limited to, screening on our website and at law schools.

I / we have no family ties or personal relationships with any Oxford University Press Australia employees that might give rise to a conflict of interest.

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_