

# Video Submission Form

<b>Primary Contact:</b>	
FIRST	LAST
<b>Email:</b>	<b>Phone:</b>

<b>Video:</b>	
TITLE	GENRE
<b>Synopsis:</b>	
<b>Run Time:</b>	<b>Permissions:</b> <input type="checkbox"/> TV <input type="checkbox"/> WEB
MINUTES	
<b>Notes:</b>	

If your work uses audio or visual materials that are copy protected, please fill out the section below so that TUTV can verify your license agreement with the copyright holder.

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FIRST	LAST
<b>Email:</b>	<b>Phone:</b>
<b>Title:</b>	
Content Type: <input type="checkbox"/> Audio <input type="checkbox"/> Video	

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Content Type: <input type="checkbox"/> Audio <input type="checkbox"/> Video	

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