

Supporting innovation in the Media Arts for over 30 years

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PRODUCTION SUPPORT FORM				
	PLEASE PRINT CLEARLY			
TITLE OF PROJECT:				
PRODUCER:				
DIRECTOR:				
PHONE NUMBER:	EMAIL:			
ADDRESS:				
ESTIMATED PROJECT LENGTH:				
DATE OF PRODUCTION:				
GENRE:				
MASTER FORMAT:	ARCHIV	AL FORMAT:		
ESTIMATED DATE OF COMPLETIC				
PROJECT SYNOPSIS OR DESCRIP				
DO YOU GIVE EMMEDIA PERMISSION	ON TO POST YOUR VIDEO C	N OUR WEBSITE?	YES	NO
EMMEDIA'S ROLE IN YOUR PRODUCT (CHECK ONE)	TION:			
☐ ACCESS TO TECHNICAL SERVIC	ES (EQUIPMENT/FACILITIES)			
\square CO PRODUCTION WITH EMME	DIA			
☐ SCHOLARSHIP				
☐ BARS 'N' TONES				
☐ ARTIST IN RESIDENCE ☐ VISITING ARTIST IN RESIDENCE				
☐ FINISHING FUNDS				
OTHER:				

FOR OFFICE USE ONLY

ENTERED INTO DATABASE: DATE: _____