

AGENCY PSA COMPLETION FORM

I, _____, (hereafter know as Agency Producer) and my Agency team, known as _____, Have completed our assigned public service announcement (PSA) for our client organization, _____, in accordance with all the rules and regulations of the **7DAYPSA** competition being produced by the Rhode Island International Film Festival (RIIFF) as the **7DAYPSA** for Providence, RI (city) from ____ / ____ / 2017 through ____ / ____ / 2017. I hereby transfer all rights for our PSA, entitled _____, to the **7DAYPSA** competition.

I am turning in the following:

- _____ 1) My completed PSA (20, 30 & 60 second versions)
- _____ 2) A complete cast and crew list
- _____ 3) Signed release forms for all cast and crew members. (# of forms _____)
- _____ 4) Completed "Agency PSA Completion Form"

Name: _____ Date: ____ / ____ / _____

Address: _____

Signature: _____

(Signature of parent/guardian if under 18) _____

Phone: (_____) _____ - _____

Email: _____ @ _____

For 7DAYPSA staff use only

Date received: ____ / ____ / 2017

Time received: ____ : ____ (24 hour clock)

Received by:

Name: _____

Signature: _____