



## INDUSTRY CONTACTS FORM

Please complete this form to confirm your agreement to receive details of the winning scripts of the Hollywood Outreach Program (HOP) and/or the High Concept Screenplay Competition (HCSC).

You will be given the writers contact information for any scripts you request based on their genre and logline.

Please print clearly.

Company:	
Company Type:	
Contact Name:	
Phone:	
Email:	
Date:	

Please indicate whether you agree to Scriptwriters Network (SWN) using your company's name for promotional purposes.

Yes \_\_\_\_ No \_\_\_\_

I would like to receive notifications of winning scripts  
for: Features \_\_\_\_\_ Teleplays \_\_\_\_\_

Signature

\_\_\_\_\_

\*\*Please return completed form to: [competition@scriptwritersnetwork.org](mailto:competition@scriptwritersnetwork.org)

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