



2009 LOS ANGELES FILM STUDIES CENTER AWARDS

FILMMAKER INFORMATION

Name:

Mailing Address:

City:

State:

Zip Code:

Telephone:

E-Mail:

CCCU School Name:

Expected Graduation Date:

CCCU PROFESSOR/ADMINISTRATOR REFERENCE INFORMATION

Name:

Title:

E-Mail:

FILM INFORMATION

Film/Video Title:

Running Time:

Created For:

Date of Completion:

Your Role in this Film:

Please print this form and mail it to:

Reel Spirituality/LAFSC Awards
Fuller Seminary
135 N. Oakland Ave.
Pasadena, CA 91182

Submissions must be postmarked by Jan 30, 2009

Be sure to include:

\$10 submission fee made payable to: Fuller Seminary (checks only please)

2 copies of your film on DVD