

Jerusalem Awards 2010 Entry Form

Name of Radio Station:

Name of Producer:

Name of Station Manager

Transmission Date:

Transmission Time:

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Estimated Audience:

Duration:

Broadcast Title:

Brief description and reason for nomination (this description will help the judges when short-listing entries):

Category (please tick one):

SHORTS	<input type="checkbox"/>	PERSPECTIVES	<input type="checkbox"/>	CHRISTMAS 09	<input type="checkbox"/>
GOOD FRIDAY 10	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Media Type (please tick one):

RADIO	<input type="checkbox"/>	IPTV	<input type="checkbox"/>	INTERNET AUDIO	<input type="checkbox"/>
MADE FOR MOBILE	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please tick if the Producer or Presenter qualifies for the under 25 award:

Producer	<input type="checkbox"/>	Presenter	<input type="checkbox"/>
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Producer / Presenter Date of Birth:

Name and Address for correspondence:

Telephone:

Email:

We will need an off-air CD of your entry plus written evidence of transmission. We will be unable to consider any entries (including CDs) received after 5pm on 7th May 2010.

Please send your CD with a copy of this entry form to:

Jerusalem Awards
FREEPOST RRRZ-RXXR-KACL
London SW1E 5LB