

Eligibility Period: **January 1 – December 31, 2009**

Deadline for Forms & DVDs: **March 29, 2010**

Entry Form for the 31st Annual  
**NEWS & DOCUMENTARY**  
EMMY® AWARDS



Send Entry Materials and Payment To:  
Attn: David Winn  
News & Documentary Emmy Awards  
111 West 57th St., Suite 600, New York, NY 10019  
Phone: 212-484-9424  
dwinn@emmyonline.tv  
www.emmyonline.tv/news

PLEASE READ THE RULES AND PROCEDURES BEFORE FILLING OUT THIS FORM

**BEST DOCUMENTARY** 23

- This category recognizes the best documentary broadcast during 2009.
- Entries must be devoted entirely to a single story, subject or theme.
- Maximum Running Time for Submissions: 60 minutes. Documentaries that run 60 minutes or less must be submitted in their entirety. Those that run longer must be edited.
- Maximum number of excerpts: Submissions may contain up to 5 as-aired excerpts of continuous programming. Each excerpt must be a straight run without internal editing of program content.
- Dip to black between excerpts of non-continuous programming.
- Entries must be submitted on DVD. 12 DVD copies of each submission are required. Do not copy-protect your entry DVDs. Entry DVDs must be playable on a standard home DVD player. Entrants are strongly advised to test their entry DVDs to ensure playability.
- Each entry must include two copies of a one-page essay explaining why it is Emmy-worthy (see page 10 for essay instructions).

**Show:**   
*(Cinemax Reel Life, etc.)*

**Program or Story:**   
*(Iraq in Fragments, etc.)*

**Network:**       **Date of Events:**       **Original Air Date:**       **Total Running Time of Entry DVD:**

**Brief Description of Entry:**

**Contact:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Company	Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Email	<input type="text"/>	<input type="text"/>

**Entrants:**

	Last Name	MI	First Name	Position	Company
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	Phone
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	Phone
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address	City	State	Zip	Phone
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If additional space is needed, please use the following page.

I the undersigned certify that this submission is a work of broadcast journalism that has been aired nationally, that the submitted program is intended for distribution in the United States market, and that the information contained in the included entry materials is true and correct to the best of my knowledge. In addition, I certify that the entry material is free of encumbrances, and grant NATAS permission to use the material in conjunction with the News & Documentary Emmy awards process, ceremony, promotion and publicity authorized by NATAS in all media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In order to be eligible, the entry form MUST be signed by either the Executive Producer, Producer or Awards Coordinator.

For Office Use Only

Check Date

Check Number

Check #/ Amount

**ADDITIONAL ENTRANTS**

<b>3</b>	Last Name	MI	First Name	Position	Company		
	Address		City	State	Zip	Phone	Email
<i>Work</i>							
<i>Home</i>							

<b>4</b>	Last Name	MI	First Name	Position	Company		
	Address		City	State	Zip	Phone	Email
<i>Work</i>							
<i>Home</i>							

<b>5</b>	Last Name	MI	First Name	Position	Company		
	Address		City	State	Zip	Phone	Email
<i>Work</i>							
<i>Home</i>							

<b>6</b>	Last Name	MI	First Name	Position	Company		
	Address		City	State	Zip	Phone	Email
<i>Work</i>							
<i>Home</i>							

<b>7</b>	Last Name	MI	First Name	Position	Company		
	Address		City	State	Zip	Phone	Email
<i>Work</i>							
<i>Home</i>							

<b>8</b>	Last Name	MI	First Name	Position	Company		
	Address		City	State	Zip	Phone	Email
<i>Work</i>							
<i>Home</i>							

<b>9</b>	Last Name	MI	First Name	Position	Company		
	Address		City	State	Zip	Phone	Email
<i>Work</i>							
<i>Home</i>							