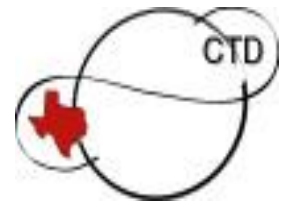




CTD/Coalition of Texans with Disabilities  
Cinema Touching Disability Film Festival  
**Student Film Competition**

November 2009



**REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Film title \_\_\_\_\_

Division (circle one):

Secondary Level Student (grades 6-12)

College Student/Independent Filmmaker

I grant permission to display a version of my film in flash format on the [www.ctdfilmfest.org](http://www.ctdfilmfest.org) website

Brief description of film:

**To register, please send this form to CTD. All required materials of your film in DVD format and an electronic copy of your script (Word document), must be submitted to CTD at the following address by October 1, 2009:**

**CTD 316 W. 12<sup>th</sup> Street, Ste. 405 Austin, Texas 78701**

**All finalists will be contacted by Friday, October 30, 2009**

**[www.ctdfilmfest.org](http://www.ctdfilmfest.org)**

Contact: [wgreer@cotwd.org](mailto:wgreer@cotwd.org) 512.478.3366