



# LEHIGH VALLEY: TELL US YOUR PRO-CHOICE STORY

## Submission Form to Accompany Your Short Video

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### **SUBMISSIONS AND QUESTIONS TO:**

Duvall Project  
ACLU of Pennsylvania  
P.O. Box 40008  
Philadelphia, PA 19106  
215.592.1513 ext. 115; duvall@aclupa.org

**DEADLINE:** March 22, 2008

### **ENTRY INFORMATION:**

Title: \_\_\_\_\_  
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### **CONTACT INFORMATION:**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
School Affiliation (if applicable): \_\_\_\_\_

I, the undersigned, certify that I have read and agree with the guidelines of the "*Lehigh Valley: Tell Us Your Pro-Choice Story Short Video Showcase*" and hereby consent to my film being screened at this event and in being posted on the Internet by any member of the *Lehigh Valley Coalition of Choice*, which includes the Clara Bell Duvall Reproductive Freedom Project of the American Civil Liberties Union of Pennsylvania, the Allentown Women's Center, and Planned Parenthood of North East Pennsylvania. I acknowledge that by submitting to the "*Lehigh Valley: Tell Us Your Pro-Choice Story Short Video Showcase*," I am granting the Clara Bell Duvall Reproductive Freedom Project of the American Civil Liberties Union of Pennsylvania, the Allentown Women's Center, and Planned Parenthood of North East Pennsylvania non-exclusive rights to screen and to use this work in whole or in part.

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