DOTS iDOL Registration Form

Contact Information:

Name

E-mail address

( ) -

Daytime Phone Number

Class standing: Freshman Sophomore Junior Senior

I **certify** that I freely consent to submit my film/video clip to DOTS and I understand that I will receive no financial compensation for the broadcasting of my film or video clip on the Department of Transportation Services Web site.

I grant DOTS (and its distribution and carriage outlets) the non-exclusive right to broadcast my film/video clip for as long as needed.

/ / 2008

Name Date

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