



MUSIC VIDEO SUBMISSION FORM

ARTIST(S): _____

SONG TITLE: _____
ALBUM: _____
ALBUM Release Date: _____
RECORD LABEL(S): _____
VIDEO DIRECTOR(S): _____
LENGTH OF VIDEO: _____
LABEL CONTACT PERSON: _____
PHONE NUMBER _____ E-MAIL: _____

THE INFO BELOW IS REQUIRED. PLEASE LIST EACH SONGWRITER'S INFO IN ORDER PRESENTED:

SONGWRITER(S): PUBLISHING COMPANY (S): PERFORMING RIGHTS SOCIETY:

MAIL FINAL EDIT VIDEO ALONG WITH THIS SUB FORM TO:

Music Video Submissions
Centric Networks
Studio III
1235 W Street, NE
Washington DC 20018

**SEND BETA-SP AND LYRICS ALONG WITH COMPLETED SUBMISSION FORM.
PLEASE CLOSED-CAPTION MUSIC VIDEOS!**