

TITLE OF PRIMETIME TELEVISION PROGRAM

TITLE _____

FULL NAME OF ACTOR AS LISTED IN CREDITS

FIRST NAME _____

LAST NAME _____

NAME OF PHOTO CONTACT FOR TELEVISION PROGRAM _____

E-MAIL _____

(_____)

PHONE _____

(_____)

FAX _____

STUDIO, PRODUCTION COMPANY, OR DISTRIBUTOR (AS BILLED) _____

CONTACT NAME _____

TITLE _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

(_____)

PHONE _____

(_____)

FAX _____

E-MAIL _____

NAME OF NETWORK OR CABLE CHANNEL ON WHICH PROGRAM WAS BROADCAST _____

FIRST 2008 BROADCAST DATE _____

In submitting this entry, the undersigned acknowledges that the actor has agreed to this submission, SAG Awards® Rules & Regulations, and has given his/her permission to Screen Actors Guild, Screen Actors Guild Awards, the producers of the Awards Show, TNT and TBS to use his or her likeness in any promotional activity. Information listed on the submission form will be used by our publicity department for nominations. Please be sure your form is legible and that all spelling, category, contact information and company/distributor names are correct.

SIGNATURE OF PERSON PLACING SUBMISSION: _____

All submissions require a one-time nonrefundable processing fee as follows:

Individual Submission: \$ 70.00

Ensemble Submission: \$ 700.00

Payment MUST accompany this Submission Form. Checks may be made payable to Screen Actors Guild Awards or, for Visa / Mastercard, please fill out the information below:

Note: We do not accept American Express.

Name of cardholder (Print): _____

Address of cardholder: _____

Visa # _____ Mastercard # _____

Expiration Date: _____ Daytime Phone Number: _____

Authorized signature of cardholder: _____

A faxed copy of this entry, stamped with the date received will be your receipt that this entry was received. If you do not receive your faxed receipt by Friday, October 31, 2008, please call the Awards Show office at (323) 549-6707.

Fax number to which this receipt is to be sent: (_____) _____

