

Entry Form for WHO Photo Contest: “Images of Health and Disability 2003”

Please complete this form to enter the WHO Photo Contest: “Images of Health and Disability”. PLEASE PRINT IN BLOCK LETTERS. Submit this Entry Form together with photograph prints to the below listed mailing address:

Mr. Nenad Kostanjsek, GPE/CAS, World Health Organization
20, Avenue Appia, 1211 Geneva 27, Switzerland

If you submit digital photographs via e-mail, the Entry Form should be included in electronic format with electronic signature or faxed to Fax No. +41-22-7914894.

1. Please provide the following contact information:

First Name:..... Last Name:.....

Street Address:..... City:.....

State/Province:..... Zip/Postal Code:.....

Country:..... E-mail:.....

Phone:..... FAX:.....

2. Please indicate in which contest category you participate:

- Colour Photographs (prints only)
- Black and White Photographs (prints only)
- Digital Photographs (electronically generated or manipulated images)

3. Please provide the date of the photographs and the place where they were taken:

Photo ID Number ¹	Category (Col, BW, Dig)	Date	Place

¹ Please indicate the number on the back of each print. In case of digital photos please indicate the number in your file name (i.e clark1.tif, clark2.tif, etc.)

4. Please provide as many of the following photographic details as possible: camera, lens, film manufacturer or digital process, exposure, etc.:

Photo ID Number	Category (Col, BW, Dig)	Photographic details

5. Please provide a brief description of the photographs. If the image has a formal name or a working caption please indicate:

Photo ID Number	Category (Col, BW, Dig)	Description

6. Ownership

Are you the owner of the image and able (if requested) to supply a signed release from any person(s) appearing in the photograph or their guardians?²

- YES
- NO

7. Contest Rules

Do you accept the contest rules?²

- YES
- NO

Date & Place

Signature:.....

² Please Note: If the answer is NO you cannot participate in the contest.