

**PAHO/CDB/CBU AWARDS - CELEBRATING RESPONSIBLE COVERAGE OF
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT DURING COVID-19**

ENTRY FORM

One form required per entry. Up to two (2) entries per journalist in each category is allowed.

1. Name

[Surname] [First Name] [Prefix: Mr./Mrs./Ms.]

2. Name of Media /Organization.....

Position.....

3. Title of Entry

.....

4. Contact information:

Mailing Address

.....

.....

Telephone

Email Address.....

5. Category (please tick ONE)

Print

Television

Radio

6. Description/Synopsis of Entry (please attach additional page if necessary)

a) Title of Entry:

b) Place, Date and Time of broadcast/publication or dissemination:

c) Main objective of the piece:

d) Is this part of a series or a stand-alone item?

e) What do you think was the impact of the entry?

Date: ____/____/____

Signature: _____

By submitting this form, I confirm that I have read, understood and accepted the terms and conditions of the prize.

By submitting this form, I confirm that I registered to the virtual training series for journalists and health communicators entitled “Reporting during the COVID-19 pandemic” and reviewed the training materials that were shared with me.

By submitting this form, I also confirm that neither I nor this entry is connected to the arms and/or tobacco industry.