



Share Your Experience.
Your Voice. Your Success.

SUBMISSION GUIDELINES

The **SPEAK and Be Heard ... Living With Depression** campaign, made possible by AstraZeneca in partnership with the Depression and Bipolar Support Alliance (DBSA), is designed to inspire hope and show the importance of seeking help for the unresolved symptoms of depression and developing an appropriate treatment plan with a health care provider in an effort to successfully manage the depressive symptoms of bipolar disorder or major depressive disorder.

Select entries will be used to educate people on bipolar disorder and major depressive disorder through educational, promotional, and commercial programs that are related to the **SPEAK and Be Heard ... Living with Depression** campaign.

ELIGIBILITY

Any US Citizen between the ages of 19-64 who has been professionally diagnosed with bipolar disorder or major depressive disorder (often referred to simply as depression), is currently under professional medical care and medical treatment, and has successfully managed the depressive symptoms for at least six months is invited to submit a success story—in the form of a written essay, song, artwork, poem, or video—for the **SPEAK and Be Heard ... Living With Depression** campaign.

ENTRY FORMAT

Submissions will be accepted in five forms: essay, song, art, poetry, and video. Submissions must not include any mention of specific treatments or brand names of medications, or full names of medical professionals, patients, caregivers, family members, or other individuals. Any entries that include this information will be disqualified. Additionally, for people with bipolar disorder, entries should not include descriptions of manic episodes or they will be disqualified as well. Please note that, while full names will not be disclosed, individuals may be identifiable from the medical and personal information contained in the entry. As set out more fully in the authorization form (hardcopy and electronic), participants will need to obtain the consent of any other person who could be so identified, as, for example, when they are included in a video clip or artwork.

Essay

- Essays must be original and personally created
- Written essay totaling no more than 750 words

Video

- Videos must be original footage that has been personally created
- Video running under three minutes
- For online video submissions, the following formats will be accepted: avi, mov (QuickTime multimedia), mp4, mpeg, qt (QuickTime) and wmv (Windows Media Video)
- Mailed video submissions must be on DVD

Art

- Art must be original images that have been personally created
- A 50-200 word description of the inspiration or story behind the artwork must be included
- Art will only be accepted digitally through the campaign website
- The following formats will be accepted: JPEG, GIF, PNG

Poetry

- Poetry must be original and personally created
- A 50-200 word description of the inspiration or story behind the poem must be included
- Written poem totaling no more than 750 words

Song

- Songs must be original lyrics that have been personally created
- Audio song running under three minutes
- A 50-200 word description of the inspiration or story behind the song must be included
- For online song submissions, the following formats will be accepted: MP3, WAV
- Mailed song submissions must be on CD

ENTRY FORM SUBMISSIONS *

To submit your entry online, please visit www.SpeakAboutDepression.com.

Submissions may be mailed to:

Edelman

Attn: David Barton

250 Hudson Street

New York, NY 10013

GUIDELINES

Submissions for all categories will be accepted starting on July 20, 2010. To qualify, submissions must be received by the following dates for each category:

- Essay, Song, and Poetry Categories: July 20 - August 13, 2010
- Art and Video Categories: July 20 - September 10, 2010

For each of the submission categories, judges from patient, advocacy, health care, literary, film, music and art communities will select three entrants as finalists. The judges will be looking for submissions that inspire hope in others so they can recognize and seek help for their unresolved depressive symptoms of bipolar disorder or major depressive disorder.

Criteria used to evaluate the submission for patient stories:

- Number of years diagnosed with bipolar disorder or major depressive disorder
- How did your unresolved symptoms affect your life?
- Your journey to successfully achieve your goals and the importance of managing unresolved depressive symptoms of bipolar disorder or major depressive disorder to achieve those goals
- Words of advice for others, how to manage the depressive symptoms of his or her bipolar disorder or major depressive disorder, and how to seek to achieve their goals

Contact information including: name, address, phone number, and e-mail address

Submissions must not include any mention of specific treatments or brand names of medications, or full names of medical professionals, patients, caregivers, family members, or other individuals. Any entries that include this information will be disqualified. Additionally, for people with bipolar disorder, entries should not include descriptions of manic episodes or they will be disqualified as well.

The contact information provided will be used solely to communicate with you about your submission and this contest, and will not be used or disclosed for any other purpose unless you check that appropriate box on the authorization form (electric and hardcopy).

*Submissions will not be returned. Per the authorization form (electric and hardcopy), you give DBSA and AstraZeneca permission to use, reproduce, and disclose your submission in the United States, in any media, including radio, television, print publications, and the Internet (including DBSA and AstraZeneca web properties) for purposes of educating people on bipolar disorder and major depressive disorder through educational, promotional, and commercial programs that are related to the **SPEAK and Be Heard ... Living with Depression** program.

OFFICIAL ENTRY FORM

Please Print Clearly

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____ (I REPRESENT THAT I AM AT LEAST 19 YEARS OLD)

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

TITLE OF ENTRY: _____

The contact information provided will be used solely to communicate with you about your essay/video/art/poem/song submission and this contest, and will not be used or disclosed for any other purpose unless you check that appropriate box on the authorization form.

I have been diagnosed with bipolar disorder for _____ (insert number of months and/or years) and am currently taking medication(s) for my bipolar disorder. Please note that you must have been diagnosed and successfully treated for a minimum of six months to submit an entry. Also, entries should not include descriptions of manic episodes or they will be disqualified.

I have been diagnosed with major depressive disorder for _____ (insert number of months and/or years) and am currently taking medication(s) for my major depressive disorder. Please note that you must have been diagnosed and successfully treated for a minimum of six months to submit an entry.

Thought Starters to Consider for Your Entry:

How did your unresolved symptoms affect you?

- How did your unresolved depressive symptoms of bipolar disorder or major depressive disorder affect your life (e.g. work, family, relationships, education, home, hobbies, etc.)?
- What were some of the challenges you faced before seeking help for your unresolved symptoms?
- What impact did this have on you? On your family or loved ones?

Back on Track

- What goals did you set for yourself?
- How did you successfully manage your depressive symptoms in order to achieve your goals?
- Do you feel that your depressive symptoms have improved enough to start planning for the future?

Please check the appropriate box to tell us what category you are submitting your success story to:

- Essay
- Video
- Artwork
- Poem
- Song

Please check the appropriate box to tell us how you heard about this program:

- News (print, broadcast or online)
- DBSA Communication
- Facebook or Twitter
- My friend or family member
- Other _____



Authorization for Release of Identifying Health Information

This Authorization describes how the identifying and health information about you, as well as your story of success that is contained in your essay/video/art/poem/song submission for the SPEAK and Be Heard ... Living with Depression campaign may be used and disclosed by DBSA and AstraZeneca to the public. Please review the terms of this Authorization carefully. You must sign a copy of this Authorization and submit with your entry in order to be eligible for participation in this program.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH: _____ (I REPRESENT THAT I AM AT LEAST 19 YEARS OLD)

The contact information provided above will be used solely to communicate with you about your essay/video/art/poem/song submission and this program, and will not be used to disclose for any other purpose unless, you check the box below.

Check here if you give DBSA and AstraZeneca permission to contact you about the possibility of using your essay/video/art/poem/song submission in connection with future DBSA initiatives and/or unbranded AstraZeneca campaigns. Even if you check this box, your submission will not be used for these purposes unless you consent at that time.

I understand that the purpose of this program is to educate the public and inspire those with depressive symptoms of bipolar disorder or major depressive disorder, which is also called depression, by sharing stories of success in managing the symptoms of depression. I authorize the Depression and Bipolar Support Alliance ("DBSA"), a patient-directed national organization, and AstraZeneca Pharmaceuticals LP ("AstraZeneca") to use, reproduce, and disclose my submission in the United States, in any media, including radio, television, print publications, video, and the Internet, which may include, but are not limited to, social networking media for purposes of educating people on bipolar disorder and depression through educational, promotional, and commercial programs that are related to the **SPEAK and Be Heard ... Living with Depression** program. Additionally, I understand that DBSA and AstraZeneca may contact me regarding my essay/video/art/poem/song submission to use, reproduce, and disclose my submission in the United States, in any media, including radio, television, print publications, video, and the Internet, which may include, but are not limited to, social networking media for purposes of educating people on bipolar disorder and depression through educational programs.

I also represent that all of my submitted statements are true, accurate, and reflect my honest opinion, and that my essay/video/art/poem/song submission is original and personally created. I also represent that I own the rights to any photographs, poems, artwork, or other materials that I submit to DBSA and AstraZeneca, and that their use of these materials will not violate or infringe the rights of any third-party. DBSA and AstraZeneca may use all or any part of my essay/video/art/poem/song, and I agree that I will not have the right to review or approve the manner in which it is used. I understand that I will receive no fee or other compensation from DBSA and AstraZeneca. I also agree that I will not hold DBSA, AstraZeneca, or anyone who receives permission from it responsible for any liability arising out of the use of my name, initials, likeness, photograph, or statements in accordance with the terms hereof, including what may be deemed to be any distortion or optical illusion in the finished materials.

I understand that my submission must not include any mention of specific treatments or brand names of medications, or full names of medical professionals, patients, caregivers, family members, or other individuals. Any entries that include this information will be disqualified. Additionally, if I have bipolar disorder, I understand that my entry should not include descriptions of manic episodes or it will be disqualified as well. Furthermore, I understand that in submitting my essay/video/art/poem/song my full name will not be disclosed but I may be identifiable from the medical and personal information contained in the entry. I understand that I must obtain the consent of any other person included in my submission that could also be identified, as, for example, when they are included in a video clip or artwork. I understand that once I have signed this Authorization, I cannot change my mind and cancel it. I have read this release form carefully and fully understand its meaning and implications.

Signature: _____

Printed Name: _____

Date: _____

Please send a signed copy of this Authorization to:

Edelman
Attn: David Barton
250 Hudson Street
New York, NY 10013

Please keep a full copy of this Authorization for your records.