



Commercial Contest Official Rules

Your challenge:

Produce a 30-second TV commercial to communicate why you shop at Moye's Pharmacy.

Rules:

- Anyone who shops at Moye's Pharmacy is eligible to enter. Employees of Moye's Pharmacy and their families may submit an entry but are not eligible for prizes that are awarded.
- Commercial spots must 1) address why you choose Moye's Pharmacy and 2) include the following call to action – "Moye's Health Mart Pharmacy – Caring for you and about you."
- Spots must be submitted on DVD or uploaded to YouTube. They must be received by Moye's Pharmacy with entry form by August 1, 2010 at 8:00pm.
- Spots longer than 30 seconds or containing inappropriate language or material will be disqualified.
- Commercial spots may NOT use copyrighted photos or music without consent.
- The contestant assumes all costs associated with the development and production of the commercial.
- Moye's has the sole discretion to disqualify any submission if they deem the content inappropriate. Entries become the property of Moye's Pharmacy.
- No purchase is necessary to enter the Moye's Commercial Contest.
- In addition, the spot must feature **a minimum of two** of the following claims:
 - ⇒ Moye's Health Mart pharmacies are locally-owned pharmacies
 - ⇒ Moye's Health Mart pharmacies honor prescription plans, including Medicare
 - ⇒ Moye's Health Mart pharmacists have a personal commitment to their communities
 - ⇒ Moye's Health Mart pharmacists are trusted healthcare resources
 - ⇒ Moye's Health Mart pharmacists know there's nothing more important than your family's well-being
 - ⇒ Moye's Health Mart pharmacists take the time to get to know you, explain your medication and answer questions you may have

Awards:

- A panel of judges comprised of our Moye's Mom Advisory Board and Moye's staff will select the top spots based on its ability to creatively and successfully communicate why you shop at Moye's Pharmacy.
- *Many may enter, but few will win...* The top five commercials will be featured on the Moye's Pharmacy website and Facebook page. A public vote will determine the winning spot.
- Prizes will be awarded October 1, 2010.
- First place winner will receive \$500; second place will receive \$250; third place will receive \$100.

Notice:

Safety during the project is of highest priority. Moye's Pharmacy takes no responsibility and assumes no liability for any omissions, acts or damages that may result from the preparing of materials to submit to this contest. Moye's Pharmacy stresses that producers safely conduct their projects and avoid potentially dangerous production situations that put crew, actors or the public at risk. To assure the safety of any minor participants, adult supervision is strongly encouraged.

Questions?

Contact Laura Turner at (404) 663-8238 or laura@moyespharmacy.com.



Commercial Contest Official Entry Form

Complete this form in its entirety and submit with a copy of your creative genius on CD, DVD or YouTube link. You may submit up to a total of three (3) commercials.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (primary) _____

PHONE (secondary) _____

EMAIL _____

DATE OF BIRTH _____

By checking this box, I affirm that I am over 18 years of age and agree to comply with the Contest Rules.

NUMBER OF COMMERCIALS _____

NAME OF COMMERCIALS

1. _____

2. _____

3. _____

Signature

Printed Name

Date

Entries must be received by August 1, 2010 at 8PM. See official rules at www.moyespharmacy.com/commercialcontest.html.

**Mail entries to: Moye's Pharmacy, ATTN: Commercial Contest
106B Rock Quarry Road
Stockbridge, GA 30281**



**Moye's Pharmacy
Photography/Video Consent Form**

I hereby grant full permission to Moye's Pharmacy and its representatives to use either my image, likeness, sound of my voice and name (if necessary) or that of my child in any publication, advertising or promotional materials. This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my image, likeness, or sound of my voice or that of my child.

Name

Relationship To Child (if applicable)

Child's Name (if applicable)

Address

City

State

Zip

Signature

Phone Number