



Institute of
Medical
Illustrators

Awards 2015

DVD / Video Entry Form



Please use BLOCK CAPITALS

Please Note: One entry form (plus two further copies of the form, with the corresponding submission printed/photocopied on to the back of the forms, i.e. on the same piece of A4) **must be submitted with each entry** Entry to the competition should include adequate completion of the entry form (see rules)

Name: _____ IMI Membership Status: _____

Contact Address: _____

Daytime Tel: _____ E mail Address: _____

Name of Head of Department _____

Please give the title of programme, reason for programme, full brief detailing origin of idea, client specification, target audience and method of production (can be attached separately, only 1 copy needed)

Brief description of entrant's specific role in producing entry, and who else did what

**I agree to abide by the rules
of the competition**

Signe d: _____

Date: _____

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Publication: _____

Author: _____ Signe d: _____

Publisher: _____ Signe d: _____

Return this form with your entry to:
All entries to be submitted by 3rd July 2015

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