



Institute of
Medical
Illustrators

Awards ²⁰¹⁵ Photographic 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 supply a meaningful title AND caption that describes the entry appropriately. For clinical entries the description should include a brief description of the feature(s) being illustrated and the use of accurate diagnostic term(s) for any clinical condition (can attach as separate sheet).

Brief description of entrant's specific role in producing entry

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

Signe d: _____

Date: _____

Permission for use

Permission is hereby granted for the work designated above to be entered in the IMI Awards. I understand that this permission covers entry to the Awards and display at the Institute of Medical Illustrators Annual Conference from 9-10th October 2015, and any other subsequent advertising in connection with the Institute of Medical Illustrators or profession. I understand that this permission is given for use without payment by IMI. I understand that if this work is chosen for the Wellcome Images Award permission covers integration into a picture library and subsequent distribution to third parties.

Signe d _____ Name: _____

On behalf of (Name of Employer) _____

Section to be completed if the entry has been published

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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

Jane Fallows, IMI Awards 2015 Co-ordinator

c/o Deli Rouge, 73 Penywain Road, Roath, Cardiff CF24 4GG