

2ND ANNUAL DEMICON FHANNISH FILM FESTIVAL MAY 2-4, 2008 ENTRY FORM

NAME OF FILM _____

ENTRANTS NAME _____

COMPANY/PRODUCTION NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

CATEGORY: _____ SCIENCE FICTION _____ FANTASY _____ FHANDOM
 _____ GAMING _____ PARODY

PLEASE CIRCLE

YES NO PERMISSION GIVEN TO ATTACH A LINK TO YOUR FILM IF ON THE INTERNET
TO WEBSITE WWW.DEMICON.ORG SIGNATURE _____

YES NO PERMISSION GIVEN TO PUT NAME OF FILM, PRODUCTION COMPANY NAME
AND ENTRANTS NAME ON WEBSITE SIGNATURE _____

YES NO ARE YOU ATTENDING DEMICON 19?

YES NO IF YOU ARE ATTENDING WOULD YOU LIKE TO SAY A FEW WORDS AT THE
FESTIVAL PANEL BEFORE YOUR FILM IS SHOWN.

COMMENTS: _____

MAIL TO: FHANNISH FILM FESTIVAL, 8609 BROMLEY PLACE, JOHNSTON, IOWA 50131