

DEMICON FANNISH FILM FESTIVAL ENTRY FORM

NAME OF FILM _____

ENTRANT'S NAME _____

COMPANY/PRODUCTION NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

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

PLEASE CIRCLE YES OR NO BELOW:

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?

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: Fannish Film Festival, 1629 56th St, Des Moines, IA 50310