

SHOW CANADA

QUÉBEC CITY | JUNE 2-4 2015

AWARDS SUBMISSION FORM

Please type or print in full detail.

Without this completed form, the submission will NOT be considered.

Category of Entry

Title of Movie

Entrant Name

first:

last:

Team Members

first:

last:

first:

last:

first:

last:

Theatre Name & Circuit Affiliation/Independent

address:

city:

province/state:

country:

postal/zip code:

tel: ()

fax: ()

Brief description of promotion activities and elements

Please list all components included in the submittal: (i.e. binder, DVD, videotape, etc.) and label EACH piece clearly

1

2

3

4

