



TAIS ANIMATION SHOWCASE 2009 ENTRY FORM

Contact Information

Contact name: _____

Production company name (if any): _____

Mailing address: _____

City: _____ Postal/Zip code: _____

Country: _____ Telephone: _____

Email: _____

Would you like to be added to our e-newsletter list?: ☐ yes ☐ no

Film Information

Title (If applicable): _____

Country of Origin: _____ Total Running Time: _____ seconds

Director: _____ Writer: _____

Producer: _____

Please tick all the boxes that apply:

Animation Style: ☐ CGI ☐ 2D ☐ Stop-Motion ☐ Flash ☐ Other

**Please send this form, a brief bio and two film stills (jpeg or tiff 2 x 3)
along with Mini DV or Quick Time Movie file on DVD/CD**

by MAY 29, 5:00 PM to:

Toronto Animated Image Society

TAIS Showcase 2009

60 Atlantic Avenue, Suite 102

Toronto, Ontario M6K 1X9

CANADA



Questions? Concerns? Email us at
tais@bellnet.ca or call 416-533-7889