

INDIE ANIME FESTA 2009 APPLICATION FORM

Fill in the blanks using a black ballpoint pen or a felt tip pen. Left-outs and illegible writing may result in disqualification.

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|---|------------------------------|--------------------------------------|--|
| NAME OF APPLICANT | | | |
| NAME OF CREATOR Name of the representative, director, or production team. A pen name is accepted. | | | |
| ADDRESS Including zip code or post code. | | | |
| TELEPHONE NUMBER | | E-MAIL ADDRESS | |
| TITLE OF ANIMATION | | | |
| LENGTH OF ANIMATION Minutes and seconds | | | |
| FORMAT | <input type="checkbox"/> VHS | <input type="checkbox"/> DVD (VIDEO) | <input type="checkbox"/> DVD (AVI DATA) <input type="checkbox"/> mini DV |
| LIST OF MUSIC USED IN ANIMATION THAT THE APPLICANT DOES NOT HOLD THE COPYRIGHT Please fill in corresponding to the following order : Name of Artist, Title of Album, Title of Music Used in Animation, Disc Number. ex: Annie Indie, The Bests of Annie Indie, Animetune, PCCA-**** | | | |
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| POSTSCRIPT | | | |
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The Indie Anime Festa Executive Committee will not disclose personal information above to any other person or entity without prior consent of the applicant.

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