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CREDITS

PROJECT NAME

CATEGORY

DESIGN FIRM / DEPARTMENT

RGD / PROVISIONAL RGD AND ROLE ON THE PROJECT

(MUST BE ONE OF THE FOLLOWING: CREATIVE DIRECTOR, ART DIRECTOR, OR PRINCIPAL DESIGNER)

OTHER TEAM MEMBERS

(PLEASE INDICATE THEIR ROLES ON THE PROJECT AND IF THEY ARE MEMBERS OF RGD ONTARIO)

CLIENT INFORMATION*

COMPANY

CONTACT NAME

TITLE

EMAIL

PHONE NUMBER

**CLIENT
TESTIMONIAL**
(RECEIVE \$15 OFF
THIS ENTRY IF A
QUOTE IS PROVIDED)

APPROXIMATE SIZE OF BUDGET **PRO BONO** **>\$10K** **\$10K - \$25K** **\$25K - \$50K** **\$50K - \$100K** **\$100K***

AUTHORIZATION TO REPRODUCE THE ENTRANT HEREBY GRANTS LICENSE TO THE ASSOCIATION OF REGISTERED GRAPHIC DESIGNERS OF ONTARIO TO REPRODUCE THE SELECTED ENTRY IN ANY ASSOCIATION PROMOTIONAL MATERIALS, INCLUDING ON THE ASSOCIATION'S WEB SITE AND TO DISTRIBUTE ENTRY MATERIALS TO MEDIA.

*CLIENT INFORMATION WILL ONLY BE USED TO VERIFY CLIENT TESTIMONIAL

PAYMENT INFO

PLEASE COMPLETE THIS SECTION ONLY ONCE.
\$15 OFF AN ENTRY WHERE A CLIENT TESTIMONIAL
AND CLIENT CONTACT INFORMATION IS PROVIDED.

SUBMITTED BY

NAME

COMPANY

ADDRESS

CITY

POSTAL CODE

E-MAIL

PHONE NUMBER

PAYMENT INFORMATION

PAYMENT METHOD

INITIAL ENTRY FEE

CHEQUE* **VISA** **MASTERCARD** **AMERICAN EXPRESS**

TOTAL NUMBER OF ADDITIONAL ENTRIES SUBMITTED X \$75

CREDIT CARD NUMBER

SUBTRACT \$15 FOR EACH TESTIMONIAL SUBMITTED

EXPIRY DATE

GST 5% (GST# 872994983)

NAME ON CARD

TOTAL

* MADE PAYABLE TO
RGD ONTARIO