

# TDC2 2003 Entry Form

**IMPORTANT: Please tape this form to the top of your entry. Do not tape any other sides. Do not use glue or other adhesive. The form will be removed prior to judging.**

TYPEFACE NAME \_\_\_\_\_

DESIGNER \_\_\_\_\_

**Family category, for Fees** (choose one)

- Single typeface (one font)
- Type family. Indicate number of styles (fonts): \_\_\_\_\_
- Type superfamily. Indicate number of styles (fonts): \_\_\_\_\_

**Competition** (check one)

- Text  Type system
- Display  Pi or ornament

**Script**

- Latin
- Non-Latin (please specify): \_\_\_\_\_

**Font format**

- PostScript  TrueType
- Multiple Master  OpenType
- Other (please specify): \_\_\_\_\_

**Design**

- Original  Custom
- Revival or Extension:  This typeface design was made with the consent of the originator or of the current holder of the right to the design.

CLIENT \_\_\_\_\_

MANUFACTURER / DISTRIBUTOR \_\_\_\_\_

SUBMITTED BY (NAME AND TITLE) \_\_\_\_\_

COMPANY OR SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP / POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

E-MAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

# TDC2 2003 Payment Form

**This form must accompany your entry, and it must be filled out completely. USE ONLY ONE PAYMENT FORM FOR ALL YOUR ENTRIES. If you are not already a member of TDC, you may use this form to join at the same time you submit your entries to the competition.**

SUBMITTED BY (NAME AND TITLE) \_\_\_\_\_

COMPANY OR SCHOOL \_\_\_\_\_

TDC MEMBERS	NON-MEMBERS	SUBTOTALS
<b>Number of single entries</b> _____ @US\$20	_____ @US\$25	US\$ _____
<b>Number of type families</b> _____ @US\$45	_____ @US\$50	US\$ _____
<b>Number of superfamilies</b> _____ @US\$90	_____ @US\$100	US\$ _____

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP / POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

**TDC Membership fee** (See Call For Entries for details, check one)  
 Regular  Student  Sustaining US\$ \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Total payment enclosed**  
US\$ \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**Payment:**

- Cash  Check (Payable to **Type Directors Club**, in U.S funds drawn on a U.S. Bank)
- Visa  MasterCard  American Express

FAX \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_