

SUBMISSION FORM

Festival International de Jazz de Montreal (June 25 – July 4, 2011)



ARTIST CONTACT			
Band / artist name			
Origin	Quebec <input type="checkbox"/>	Canada <input type="checkbox"/>	Other <input type="checkbox"/> : _____
Contact		Function	
Address			
City		Province	Postal code
Phone		E-mail	
Band web site			
Have you ever played at the Festival? YES <input type="checkbox"/> NO <input type="checkbox"/> When ?			
SUBMITTED MATERIAL			
CD <input type="checkbox"/> DVD <input type="checkbox"/>	Title :	Year :	Label :
CD <input type="checkbox"/> DVD <input type="checkbox"/>	Title :	Year :	Label :
CD <input type="checkbox"/> DVD <input type="checkbox"/>	Title :	Year :	Label :
CD <input type="checkbox"/> DVD <input type="checkbox"/>	Title :	Year :	Label :
Other	Specify :		
AGENT / BOOKING CONTACT			
MRS <input type="checkbox"/> MR <input type="checkbox"/> NAME, First name :			
Company			
Address			
City		Province	Postal code
Phone		E-mail	
Cell phone		Fax	
Business web site			
PROMOTION CONTACT			
MRS <input type="checkbox"/> MR <input type="checkbox"/> NAME, First name:			
Company			
Address			
City		Province	Postal code
Phone		E-mail	
Cell		Fax	
Business web site			

