SUBMISSION FORM

personal contact information

Name
Institution/Company
Address 1
Address 2
City
State/Province
ZIP/Postal Code
Country
Phone
Fax
Email
WWW Site

work submitted

Title
Duration
Media (audio)
(audio - NTSC)
No. of Channels
Instrument(s)/Voice(s)
Performer(s)

CD
ADAT
DTRS
Computer Playback
DAT
DVD
VHS
Computer Playback

I can provide performers
I cannot provide performers

Send submission(s) to:
17th Annual Florida Electroacoustic Music Festival
Michael Solomon, General Manager
University of Florida School of Music
P.O. Box 117900/130 Music Bldg.
Gainesville, FL 32611-7900

Please address questions to:
femf17@arts.ufl.edu

Attach a hardcopy of the program note (75-100 words)
Attach a hardcopy of the composer biography (100 words or less)

Please provide a copy of this form for each of the works submitted (max. 2 works)