

The Illinois Institute of Art - Chicago
FAME SHOWCASE 2009
2D - All Digital Images - Application Form

DEADLINE: _____

*Submit this application and CD/DVD to
Melissa Reeves- Loop Campus, 2nd Floor Main Office*

NOTE: Incomplete submissions or those not following guidelines
and specifications will be rejected.

This is an Adobe Acrobat .pdf digital "fill-in" form. There are 2 pages*

Part 1: Technical Specifications -read carefully

Delivery: Digital files only – submit 1- 5 images on CD/DVD
(Do NOT submit an authored or playable disc)

Start with your Image at a minimum of 720 X480 pixels
One format as RGB - JPEG (high quality) and One format as an RGB -TIFF, Flattened
Profile: sRGB IEC61966-2.1

"HOW TO" -FILE PREPARATION INFO

Each image **MUST** be submitted as this size/format:

*(This is for a DVD slideshow, NTSC Standard. This will insure that no part of your image is
clipped and is in the title- safe zones in Video/TV Display)*

In Photoshop:

Make sure your background color is set to black

Resize your original high resolution digital image

File>Automate>Fit Image> type in 576 pixel width, 385 pixel height

Select> All

Edit>Copy

File>New

Presets choose> Film and Video> NTSC DV>background content-set to background

>resolution is 72 dpi

Edit>Paste your image into the NTSC DV black image>center it with move tool

Submit Outputs:

Flatten the RGB-TIFF, Image compression option to NONE - save - ,

JPEG file - save as 12- maximum quality- save

Burn all files to CD/DVD

Part 2: Student Information - print/type clearly*

Student Name _____ your major _____

Instructor's Name/Class name _____

Continued-

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Submit each digital file in both formats - Give file name/ title:

1. _____ .JPG _____ .TIFF

title: _____

2. _____ .JPG _____ .TIFF

title: _____

3. _____ .JPG _____ .TIFF

title: _____

4. _____ .JPG _____ .TIFF

title: _____

5. _____ .JPG _____ .TIFF

title: _____

Part 3: Student Contact Information

Your Name (print) _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Email: _____

SIGNATURE: _____

Part 4: Copyright

NO COPYRIGHT MATERIAL IS ALLOWED WITHOUT PERMISSION

Complete the following information:

This project includes copyrighted material (images, music, etc.) Yes__ No__

If yes, did you obtain written permission to use the material? Yes__ No__

If yes, specify what copyrighted material was used.

Be specific:

Part 5: Check list

___ Completed Application (this form)

___ CD/DVD Clearly Labeled. Put on Your name, ID info

___ Signed Release Forms (if needed)

Education Management Corporation

Education Management Corporation/The Art Institutes/Argosy University



PROCESSING # FOR
AMS USE ONLY

RELEASE FORM

Consent for publication of photograph, artwork, videotape, film, and/or verbal or written statements.

I give my consent to Education Management Corporation (EDMC) and to those whom it may authorize to photograph, film, and/or videotape me, and/or to use a photographic/digital reproduction of me or my artwork (with or without my name), to identify me by name and/or with school and employment information, and/or to quote or record statements made by me, for any editorial, promotional, advertising, trade, or other purpose whatever for EDMC — except for testimonial and endorsement of product advertising for third parties for which a payment is received by EDMC.

EDMC and those whom it may authorize shall have the rights to reproduce, distribute, and display — publicly, including on the Internet — photographs, film, videotape, statements, and quotes covered by this release, and to prepare derivative works. I understand that EDMC is not responsible for unauthorized duplication/use by third parties on the Internet.

By signing this form, I certify that any work submitted is mine alone, and that I have the sole right to such work, its distribution, and/or reproduction.

INFORMATION (Please print):

PLEASE CHECK ONE:

Student Graduate Faculty Other

Print your full name clearly (as you would have it appear in print)

Name of The Art Institute you attend/graduated from

Your program of study at The Art Institute

Year you graduated/will graduate from The Art Institute

Description of submitted materials (testimonial, artwork, or image). For artwork, identify software used in production process. For photographs, identify each and every person (with clothing references if necessary) and/or left to right listings.

PLEASE CHECK ONE: COMPANY, PRODUCT, OR PERSON DEPICTED IN ARTWORK IS: EXISTING FICTITIOUS

Your Address: Street

City

State

Zip

(_____) _____
Your phone number

Your email address

Your employer (company name) if employed

Your full, exact title

Optional: A brief testimonial statement describing how you think your education has contributed to your success in your particular field. (Use back of release form for additional notes.)

YOUR SIGNATURE. Please sign inside box below.

TODAY'S DATE

Thank you for your time, and please keep us updated!