

YOUR TICKET-CODE *

* Number of your invoice fom doo.net

GRANSHAN COMPETITION APPLICATION FORM

A

Please use one application form for each entry

1. GENERAL INFORMATION

NAME OF TYPEFACE

NAME OF DESIGNER(S)

FOUNDRY

PUBLISHER

YEAR OF CREATION

2. CATEGORIES

MAIN I : NON-LATIN

Select the script covered by your typeface. Please note, that this relates to the text style of your typeface. For the display style, please choose the DISPLAY sub-category.

☐ ARABIC

☐ ARMENIAN

☐ CHINESE (traditional or simplified)

☐ CYRILLIC

☐ GREEK

☐ HEBREW

☐ SOUTH ASIAN SCRIPTS*

☐ KOREAN

☐ THAI

☐ DISPLAY

For display and any script** that is not covered by the scripts above. Which unlisted script(s) does your typeface cover?

MAIN II: NON-LATIN – LATIN

Select the script that is paired with Latin in your typeface.

Please note, that this relates only to text styles.

✕ LATIN

___ ARABIC

___ ARMENIAN

___ CHINESE (traditional or simplified)

___ CYRILLIC

___ GREEK

___ HEBREW

___ SOUTH ASIAN SCRIPTS*

___ KOREAN

___ THAI

MAIN III: MULTIScript

Select all the script combinations covered by your typeface.

Please note, that this relates only to text styles.

___ ARABIC

___ ARMENIAN

___ CHINESE (traditional or simplified)

___ CYRILLIC

___ GREEK

___ HEBREW

___ SOUTH ASIAN SCRIPTS*

___ KOREAN

___ THAI

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3. ADDITIONAL INFORMATION ABOUT YOUR TYPEFACE

What are the style variants
in the typeface?

Please list any scripts covered
by the typeface family

Is your typeface a new develop-
ment or a re-issue?

Was it developed for a client and
if yes for whom?

Has the typeface been submitted
to any other competition before?

Please explain the concept behind the typeface, and give details about any special characteristics you want to be taken into account when looking at the typeface. Provide any information you think is relevant regarding historical or other models, and if the typeface is intended to function alongside other typefaces. Please note that if your typeface is selected for publication, this description will be published alongside. (About 1000 characters)

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4. YOUR CONTACT

Name

Company

Position

Address

Country

Phone number

Email

Website

Please include with your application form (We will use these alongside images of your typeface if it is selected in the competition.)

_____ a CV of the designer (between 300 and 500 characters)

_____ a portrait of the designer (at least 600 x 600 px)

By filling in this application form and sending it, you confirm that you have the right to submit the typeface to the competition GRANSHAN 2017 and that you indemnify GRANSHAN Foundation e.V. from all claims by third parties.

Organizers of the competition reserve the right to display submitted typefaces at the exhibition, in the mass media and include them in any catalogue. No font source will be made publicly available.

The organizers are not responsible for the information given in the application form.

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5. SUBMITTING

Please email this application form as a PDF, named :

gr2017_a_TX-xxxxxx-xxx.pdf

Please insert your invoice number here.

to the address:

granshan.competition@granshan.com

6. LIMITATIONS

*South Asian scripts as Devenagari, Bengali, Gurmukhi, Telugu, Tamil, Gujarati, Malayalam, Sinhala.

**Typefaces that don't match with the named sub-categories have to be submitted as DISPLAY. Please allow an extra month time for examination through an expert.

GOOD LUCK.