

Entry Form Reel Impact Competition



Name: _____

Email: _____

Graduate Field: _____

Level: MSc Student(s) PhD Student(s)

Team Member Names: (if applicable)

Submission Category:

Video Short Video Standard Photography Graphic/Illustration Data Vizualization

File Name: _____

Research Title: _____

Background: (provide a brief background to introduce your project)

Supervisor: _____

Supervisor Signature: _____

Date: _____

For submissions over 20MB, submit to pharmacy.comms@utoronto.ca using [wetransfer.com](https://www.wetransfer.com)
For submissions over 2GB, email steve.southon@utoronto.ca for direct submission details.