



CONTACT INFO / ORDER FORM

ACCOUNT INFO: SHIPPING / SCREENING LOCATION

Name: _____ Client # _____
Organization: _____
Street Address: _____
City, State, Zip Code: _____
Email: _____ Phone: _____

ACCOUNT INFO: BILLING Check here if same as shipping _____

Name: _____ Client # _____
Organization: _____
Street Address: _____
City, State, Zip Code: _____
Email: _____ Phone: _____

BOOKING REQUEST

Movie Title: _____

Screening date (s): _____ Charging Admission: ____ (Y / N)

Format: _____
(35mm, Send DVD, VHS, Site License/ "I will supply my own copy")
PLEASE NOTE: shipping is \$50 inbound for 35mm and \$20 roundtrip for DVD and VHS

Indoors / Outdoors: _____ Estimated audience size: _____

Posters: _____ (Y / N) Please specify amount required
PLEASE NOTE: Posters are \$5 each

HOW DID YOU HEAR ABOUT US?

FORM COMPLETED BY: _____ DATE: _____