

Online Screening Request Form

TYPE OF ORGANIZATION

Name/Address/URL of Organization:
(text boxes)

(radio options)

K-12

College/University

Public Library

Non Profit Organization

Business

Other (please briefly describe your organization:
(text area)

Is this a conference?

(radio options)

Yes

No

TYPE OF VENUE/SCREENING LOCATION

Name/Address/URL of venue:
(text boxes)

(radio options)

At School (K-12)

On Collegiate/University Campus

At Public Library

Nonprofit On Site

Business On Site

At Auditorium

At Museum/Gallery/Performing Arts

Theater

At Movie Theater

Other (please describe):

(text area)

NUMBER AND DATE OF SCREENINGS

How many screenings will you hold?
(text box)

What are your screening dates?
(text area)

VENUE SIZE

What is the seating capacity for your screening location?
(text box)

What is your expected audience?
(text box)

PRICE OF ADMISSION

Are you charging admission?
(radio options)

Free

Admission

If you are charging admission, what is the price per ticket?
(text box)

Is this a fundraiser?

(radio options)

Yes

No

CONTACT INFORMATION

(text boxes)

Name

Title

Email

Phone 1

Phone 2

Personal or company URL

Mailing Address

Invite the filmmakers to speak at your

screening!
(checkboxes)
Yes!
No thanks

Join the mailing list:
(checkboxes)
Yes, sign me up! (already have this
preselected)
No thanks

Post my screening on the website?
(radio buttons)
Yes (already have this preselected)
No

After they submit please create a short message indicating that their form was submitted successfully and include a personal thank you for their support and interest in hosting a screening. An example follows: Thank you very much for your interest in hosting a screening of our film. Your support is key as it helps spread the word and knowledge of the film. A teammate will contact you within the next week with details about the screening fee, license agreement, and next steps