



MOVIE EVENT QUOTE REQUEST FORM

JF Cormier

NAME OF ORGANISATION

ADDRESS

CITY

PROV.

POSTAL CODE

PHONE

FAX

CONTACT PERSON

E-MAIL

WEBSITE

FACEBOOK PAGE

1. TYPE OF REQUEST:

MULTIPLE SCREENING ONE-TIME SCREENING

2. WHEN WILL YOUR EVENT(S) OCCUR?

A) YYYY MM DD B) YYYY MM DD

C) YYYY MM DD D) YYYY MM DD

3. MUNICIPAL POPULATION: RESIDENTS

4. NAME AND DISTANCE FROM THE NEAREST THEATRE:

 KM

5. WHERE WILL YOUR EVENT(S) OCCUR?

OUTDOORS INDOORS
 COMMUNITY CENTRE PARK PARKING LOT (MALL)

OTHER:

6. WILL THIS EVENT BE OPEN TO THE GENERAL PUBLIC?

YES NO

7. WHAT IS THE CONTEXT OF THIS EVENT?

FREE COMMUNITY EVENT FUNDRAISER OTHER

8. LOCATION CAPACITY: SEATS

9. EXPECTED ATTENDANCE (ESTIMATED):

10. WILL YOU BE CHARGING AN ENTRY FEE?

YES NO IF YES, HOW MUCH? \$

11. WHAT TYPE OF FILM DO YOU WANT?

A PRE-RELEASE A REGULAR FILM

TITLE(S) YOU WISH TO PRESENT:

12. WOULD YOU LIKE ANY SUGGESTIONS? YES NO

IF YES, WHAT TYPE OF FILM ARE YOU LOOKING FOR?

ANIMATED / FAMILY CLASSIC / CRITICALLY ACCLAIMED
 POPULAR FAVOURITE TEEN MOVIE

OTHER:

13. WHAT TYPE OF PUBLICITY WILL YOU BE DOING FOR THIS EVENT?

14. DO YOU REQUIRE INFORMATION ON OUTDOOR PROJECTION EQUIPMENT AND SERVICE COMPANIES FOR YOUR AREA?

YES NO

15. PLEASE GIVE ANY ADDITIONAL DETAILS CONCERNING YOUR EVENT:

This form can be completed directly and printed in PDF format. You can return it to us by fax or mail at the following contacts:

AUDIO CINE FILMS INC.