

## **MOVING IMAGE LOAN APPLICATION**

1.	Organization Name:		
2.	Organization Address:		
	City:	State:	Zip:
	Country:	Telephone:	
	Tax ID or VAT #:	Website:	
3.	Organization Director:		
	Telephone:	E-mail:	
4.	Film Programmer:		
	Telephone:	E-mail:	
5.	Projectionist:		
	Telephone:	E-mail:	
6.	Print Traffic Coordinator:		
	Telephone:	E-mail:	
7.	Organization Status (please check one):	_ non-profit	_ profit
8.	Is your organization a member of the Internationa Yes No; if "No," what is the g to your organization?	eographically closest FIA	AF member
9.	Is your organization a member, or are any of your Association of Moving Image Archivists (AMIA)?		
10.	Does your organization preserve films?	Yes No	
11.	Does your organization make screenings open to (if no, please explain)		

12.	2. Name of your theatre:		
13.	Please describe your projection system; for example, is it a two-projector change-over system, tower system, or a platter system?		
14.	What is the make and model # of the projector(s) you use for screenings?		
15.	Tell us about your projectionist's experience with archival prints:		
16.	References. Please list other archives (including all FIAF-member archives) from which your organization has borrowed 35mm and 16mm prints for public screenings:		
	a. Archive name:		
	b. Archive name:		
	c. Archive name:		
	d. Archive name:		
	(Please list any additional references on a separate sheet.)		
ignatuı	re: (must be senior staff member)		
rinted	Name:		
ïtle:			
)ate:	Email: Signer warrants that the above information is accurate.		