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 International Federation of Film Archives (FIAF)?
   _______ Yes ________ No; if “No,” what is the geographically closest FIAF member
   to your organization? ____________________________________________________________
   ______________________________________________________________________________

9. Is your organization a member, or are any of your organization’s employees members of the
   Association of Moving Image Archivists (AMIA)? ________ Yes _______ No

10. Does your organization preserve films? _______ Yes ________ No

11. Does your organization make screenings open to the public? _________ Yes ________ No
    (if no, please explain) ___________________________________________________________
Print Loan Application

12. Name of your theatre: _________________________________________________________

13. Please describe your projection system; for example, is it a two-projector change-over system, a 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: ______________________________________________________________
      Contact information (name, telephone, and e-mail) ______________________________
      _________________________________________________________________________

   b. Archive name: ______________________________________________________________
      Contact information (name, telephone, and e-mail) ______________________________
      _________________________________________________________________________

   c. Archive name: ______________________________________________________________
      Contact information (name, telephone, and e-mail) ______________________________
      _________________________________________________________________________

   d. Archive name: ______________________________________________________________
      Contact information (name, telephone, and e-mail) ______________________________
      _________________________________________________________________________

   (Please list any additional references on a separate sheet.)

Signature: ________________________________________________________________

(must be senior staff member)

Printed Name: ____________________________ Email: __________________________

Title: _____________________________________________________________________

Date: ____________________________ Email: __________________________

Signer warrants that the above information is accurate.