

**Exhibition Request Form**

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| Please complete and return to: |  | Via fax: 314-909-0879 or email: |  |

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| **Organization Name:** | | | Adventures For the Cure | | | |
| **Contact Person:** | Patrick Blair | | | **Dept./Job Title:** | | Vice President |
| **Phone Number:** | | 443-223-5740 | | **Email:** | Pblair12@gmail.com | |

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| **Mailing/Billing Address** |  | **Shipping Address (must be a physical address):** |
| PO Box 7372 |  | 1221 Brandford Road |
| Halethorpe, MD 21227-7372 |  | Catonsville, MD 21228 |
| Enter Address |  | Enter Address |

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| **Name of Event or Reason for Screening:** | | | Charity event for a Adventures For the Cure, a 501c3 nonprofit organization |
| **Name of Screening Location:** | Patrick Blair’s personal residence | | |
| **Address of Screening Location:** | | 1221 Brandford Road, Catonsville, MD 21228 | |

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| **Capacity of venue (# of seats):** | | 50 | | | | **Anticipated Audience Size:** | | | 50 |
| **Are you renting equipment Y/N, If so from whom?** | | | | **N** | | | | | |
| **Indoors or Outdoors:** | Outdoors | | | | **Format (DVD, Blu-Ray, 35mm):** | | | DVD | |
| **Are you charging admission?\*** | | | No | | | **If so, how much?** | Enter $ amount | | |

\*If admission is charged for your event, your movie rental rate is the quoted rental price OR 50% of your gate receipts, whichever is greater.

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| --- | --- | --- | --- |
| **Date of Screening** | 10/16/2015 | **Movie Title** | Ghostbusters |
| **Date of Screening** | Enter Date | **Movie Title** | Enter Movie Title |
| **Date of Screening** | Enter Date | **Movie Title** | Enter Movie Title |

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| **Pre-payment is due on the first three (3) shipments.**  **Please select preferred payment method:** |  | **Check** |  | **Credit Card**  *(optional)* |  | **Purchase**  **Order** |

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| Enter Name |  | Enter Card # |  |  |
| **Name as it appears on card** |  | **Card Number** |  | **Expiration** |

**Enter the credit card billing address zip code** Click here to enter text.

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|  | **Automatically charge future invoices** |
|  | **One time charge only** |

**How did you hear about us?**

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|  | **Website** **Mailing** **Conference** | | |
|  | **Referral, please specify** | | Enter Text |
|  | **Other, please specify** | Enter Text | |

**TERMS AND CONDITIONS: PLEASE READ**

**Cancellations** – Notification of a change or cancellation must be given at least 14 days prior to the scheduled ship date. If an unforeseen circumstance prevents you from having your screening you have up to one year to reschedule the same movie at no additional licensing fees. Payment is due at the time of the original show date.

**Content** – Your content should arrive at least two business days prior to your show. It is highly recommended that you preview the movie in its entirety with the actual equipment that will be used for your screening prior to your event. Please contact Swank right away if the movie is damaged or if you experience any issues during playback. Movies are to be returned the following business day after your show. Late fees will apply for late returns.

**Advertising** – We encourage you to inform your organization’s members and patrons via on-premise posters, emails and private mailings. Advertising through media such as radio, television or newspaper is discouraged. If this policy is violated, or becomes openly competitive with a commercial theater, all shows will be canceled WITHOUT notice.

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| **Authorized Signature:** |  | | |
| **Please Print Name:** | Patrick Blair | **Date**: | September 29, 2015 |