

AAIFF'11 NATIONAL FESTIVAL TOUR

Program Request Form

CONTACT INFORMATION

NAME

TITLE

ORGANIZATION/SCHOOL

SHIPPING ADDRESS

PHONE

FAX

EMAIL

How did you hear about the National Festival Tour?

SCREENING INFORMATION

Programs requested

Screening date(s) & time(s)

Screening purpose

	YES	NO
Do you need press/marketing materials?	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a panel/discussing after screening?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in having the filmmaker attend the screening?	<input type="checkbox"/>	<input type="checkbox"/>

Please fill out form and mail to **ASIAN CINEVISION, INC.**
115 West 30th Street, Suite 708, New York, NY 10001,
or email your responses to tour@asiancinevision.org.

FOR OFFICIAL USE ONLY

Price

Invoice No.

Format

Initials