



PRINT LOAN APPLICATION

1. Organization Name: _____

2. Organization Address: _____

City: _____ State: _____ Zip _____

Country: _____ Telephone: _____

Fax: _____ Web address: _____

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? _____ 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) _____

12. Please describe your projection system; for example, is it a two projector, change-over system or a platter system?

13. What is the make and model # of the projector(s) you use for screenings?

14. Please list other archives from which your organization has borrowed prints for 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) _____

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

Signature: _____
(must be senior staff member)

Printed Name: _____

Title: _____

Date: _____

Signer warrants that the above information is accurate.