## **BOOKING FORM**

**Email:** 



The film programmer in charge of your request is Elliot Lardenois. He will be your contact until the end of your booking. Contact: e.lardenois@agencecm.com / +33 1 44 69 63 13

OPEN PDF document: please fill in and send back by e-mail (no handwritten files please)

1/ CONTACT	5/ INVOICING INFORMATION	
Company name:	Same as contact	
Name:	Company name:	
Surname:	Address:	
Address:		
	City & ZIP Code:	
City & ZIP Code:	Country:	
Country:	Phone:	
Phone:	Email:	
Email:		
2/ SCREENING DATES(S)	6/ FILMS DELIVERY	
>	Please mention if you have a dedicated upload platform (FTP, upload link):	
>		
>		
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A / CORFERING RIVER	T / FULL OF AND MATTERIAL	
3/ SCREENING PLACE	7/ FILMS AND MATERIAL	
Same as contact	TITLE, DIRECTOR'S NAME AND	
Name of screening place:	REQUESTED MATERIAL (DCP, HD FILE, NUMBER OF SCREI	
Address:	WITH OR WITHOUT ENGLISH SUBTITLES) FOR EAC	H FILM
	_	_
City and ZIP Code:	<b>&gt;</b>	
Country:		-
Phone:	<b>&gt;</b>	╛
Email:		-
	<b>&gt;</b>	╛
		-
4/ PRINTS OR FILES DELIVERY ADDRESS	<b>&gt;</b>	
Same as contact		-
	<b>&gt;</b>	
Name:		7
Address:	<b>&gt;</b>	
City and ZIP Code:		7
Country:	·	
Phone:		