

FESTIVAL INFORMATION FORM



GENERAL FESTIVAL INFORMATION		
Name of Festival (Non-Profit?):		
Contact Person:		
Organization's Address (City, State, Zip):		
Phone:	Fax:	Email:
Dates of Festival:	Regal Venue:	# of Auditoriums:
Festival Web Page (do we have permission to link to your web page from ours?):		
Seating Requirements:	Other Venue(s) you are using:	Estimated Total Festival Attendance:
Please specify if you will need space in our lobby for tables, poster or displays, or any other on-site space needs:		
Please list specific days and times you will need each auditorium including setup/take down:		
Festival's title sponsors:	Special guests you will be honoring or highlighting:	Walk-Up Ticketing Available (Yes/No):
When will a complete schedule be sent to the theatre manager and REG technician (1 week minimum)?		
TECHNICAL CAPABILITIES		
Will your films be in Digital Cinema Presentations (DCP)? If not, what digital presentation will your festival use, who is supplying the equipment and who is operating the equipment?		
When will the film prints arrive at the theatre (24 hours minimum)?		
Are there any presentations or other scheduled times that you would like to pay for a Regal Projection tech to be on-site? If so, what times/dates would you like them to be on-site?		
Will all non-DCP equipment be on site at least 24 hours in advance?	Will there be a Panel Discussion?	Will a microphone be needed? How many and who will provide?

BENEFITS TO REGAL

List Sponsorship Details & Ad Specs (Attach sponsorship package if needed):

Contact for ad materials:	Able to provide Certificate of Insurance? (\$1 million liability limit; Yes/No):	Willing to assist with film promotions at venue? (Yes/No):
# of Complimentary Passes for Regal:		

FOR REGAL USE ONLY

Form Received By: _____

Title: _____

Date Received: _____

Committee Approval Received: _____

Signed Contract Received: _____

AX Request Sent: _____

Billing Instructions Sent: _____

Deposit Paid: _____