Consulate General of Israel to the Midwest

Film Request

To be considered to host a screening, please return this completed form to Michelle Higgins at 312-380-8855 (fax), or culture@chicago.mfa.gov.il (email).

|  |  |
| --- | --- |
| Name of Contact | Click here to enter text. |
| Phone | Click here to enter text. |
| Email | Click here to enter text. |
| Date of Request | Click here to enter a date. |

Which Israeli Film Are You Requesting? Please include Date, Time, and Location of Event.

|  |  |  |  |
| --- | --- | --- | --- |
| Film | Date | Time | Location |
| Brave Miss World | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

Click here to enter text.

How Many People Do You Expect To Attend This Event?

Who do you predict will attend this screening? For example, students, professors, Jewish population, etc. Please be specific and include past demographic percentages if possible.

Click here to enter text.

Additional Information

Click here to enter text.

By signing my name below, I agree not to show the film more than once, to the audience agreed upon above. I assume full responsibility for the replacement of the disk if it is lost or stolen.

Click here to enter text.