



FACTETS

ProPass Application Chicago International Children's Film Festival

Name: _____

Position: _____

Affiliation/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: (Day) _____ (Evening/Cel) _____

Fax: _____ E-mail: _____

PROPASS PAYMENT INFORMATION:

Enclosed is \$ _____ for _____ PRO-PASS (ES).

The cost for advance ProPass registration is \$800 (for-profit business) and \$600 (non-profit organization). If you are representing a non-profit organization, please provide proof of your non-profit status (501c3). **The final date for advance registration is October 1.** Beginning October 2, ProPass registration will be \$1200 (for-profit) and \$900 (non-profit). Please know that ProPass costs are subject to change.

I am including: _____ Check or money order. (Made payable to: *Facets Multi-Media.*)
_____ Visa _____ Mastercard _____ AMEX _____ Discover

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____

Please note that the charge will appear on your credit card bill as a "FMI-Facets Multi-Media, Inc." charge

ATTENDANCE DATES/ACCOMMODATIONS

I (we) will be staying from (mo./day) _____ to (mo./day) _____.

I am planning to stay at the _____ hotel/motel located

at _____. This hotel's telephone number is _____.



**The Official Hotel of the
Chicago International Children's Film Festival.**

If you wish to book a room with **The Days Inn Chicago** please call **Cindy Drewa** at:

Phone: 1-773-525-7010 (or toll free at **1-888-LPNDAYS**), extension 101

Fax: 1-773-525-6998

E-mail: cdrewa@lpndaysinn.com

When making your reservation, please say that you will be attending the Chicago International Children's Film Festival, and indicate that you are a ProPass guest. A major credit card will also be required to hold your reservation.

QUESTIONS? Please contact Kathleen Beckman, Operations Manager at 773-281-9075, e-mail us at [<kidsfest@facets.org>](mailto:kidsfest@facets.org) or fax us at 773-929-0266.