



FACTETS

2011 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).
Cost per ProPass is \$600 by October 3. After October 3, cost is \$900.
Please know that ProPass costs are subject to change.

Please make checks payable to *Facets Multi-Media*. If paying by credit card:

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 staying at: _____ Phone: _____

The Official Hotels of the Chicago International Children's Film Festival:



Days Inn Chicago:

For reservations, please contact **Cindy Drewa***:
Phone: 1-773-525-7010 or 1-888-576-3297, extension 101
Fax: 1-773-525-6998
E-mail: cdrewa@daysinnchicago.net
Website: www.daysinnchicago.net



The Seneca Hotel & Suites:

For reservations contact*:
Phone: 312-787-8900 or 1-800-800-6261
Fax: 312-988-4438
Website: www.senecahotel.com
The Seneca Discount Reservation Code: CICFF10

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. **Please reserve by October 3, 2011.*

QUESTIONS? Contact: Kathleen Beckman, Phone: 773-281-9075 ext. 3037, kidsfest@facets.org, Fax: 773-929-0266
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