



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. Registration deadline is October 1

Applications can be submitted after the deadline. 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 (arrival date) _____ to (departure date) _____

I will be staying at (name of hotel or 'private residence'): _____

The best phone number to reach me in Chicago is: _____

The Official Hotel 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

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. **After October 1, room availability may be limited.*

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