

# Film Emporium Event Cancellation Application

## Contact Information

Name of Company / Organization: \_\_\_\_\_  
Entity Type: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Qualification Questions

Has the event been held before and suffered a cancellation loss?  Yes  No

## Event Details

Type of Event \_\_\_\_\_  
Event Name \_\_\_\_\_  
Budget (Cost of Event) \_\_\_\_\_  
Brief Description of Event \_\_\_\_\_  
\_\_\_\_\_  
Venue Name, Address, City, State, Zip \_\_\_\_\_  
\_\_\_\_\_  
Location Information  Indoors  Outdoors  
Coverage Dates of the Event \_\_\_\_\_

Signature: _____	Date: _____
------------------	-------------

**Film Emporium NY: 274 Madison Avenue New York, NY 10016**  
212/683.2433 phone 212/683.2740 fax  
**Film Emporium LA: 6464 Sunset Blvd Los Angeles, CA 90028**  
323/464.5144 phone 323/464.7348 fax