# *INTERNATIONAL LENS*

## CONFIRMATION FORM

**Please complete and email to <joel.logiudice@vanderbilt.edu>**
**or fax to 343-3702 by Friday, January 11**

**Name**:

**Email Address**:

Thank you for participating in the Inaugural ***International Lens*** Initiative. We have scheduled the following film and this is the information that will appear on the poster:

Screening date/time: at 7pm in Sarratt Cinema

Film:

Year: Director:

Country: Language:

Synopsis:

Presented by:

Film Format: Running Length:

Rental Fee: $

For the rental fee please charge $ _____

to the following account and center number _____

☐ Yes, I have reviewed the material and all is correct as printed.

-OR-

☐ Yes, I have reviewed the material and have made corrections that will need to be made on the poster design.

For additional information contact:

joel.logiudice@vanderbilt.edu or sherif.barsoum@vanderbilt.edu
322-6400 322-2753