INTERNATIONAL LENS

REQUEST FORM

Please complete and return in attached envelope by Wednesday, December 19 or fax to 343-3702

Contact Name _____

Title _____

Department _____

Campus Address _____

Campus Phone _____ **Fax Number** _____

Email Address _____

☐ Yes, I am interested in participating in the Inaugural ***International Lens*** Initiative and wish to request the following dates and propose the following film(s):

1st Choice: date _____ film_____

2nd Choice: date _____ film_____

3rd Choice: date _____ film_____

4th Choice: date _____ film_____

5th Choice: date _____ film_____

-*OR*- ☐ Yes, I am interested in sponsoring a film from _____ (country), please select a film and screening date for me.

☐ Yes, I am willing to sponsor:

_____ 1 film _____ 2 films _____ 3 films

☐ No, I am not interested in participating at this time but contact me later this spring regarding participating in the 2008-09 series.

For additional information contact:

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