



# DREAM BIG SCREENINGS AND EVENTS REQUEST FORM

Fill out this form and email it to: [Gwen@discovere.org](mailto:Gwen@discovere.org),  
at least 60 days or more before your planned event.

<b>Group Name:</b>	
<b>Contact Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>City and State:</b>	
<b>Event Name:</b>	
<b>Event Date:</b>	
<b>Event Description and Purpose:</b>	
<b>Collaborating Organizations (optional):</b>	
<b>Public Event or Invitation Only?</b>	
<b>Intended Audience:</b>	
<b>Venue Information</b>	
<b>Name and location of proposed Theater or Venue:</b>	

Costs for most digital screenings will include a \$200 round-trip shipping charge and \$35 KDM fee. There will be a \$500 charge to the requestor for all unreturned DCPs and other digital materials. A shipping fee of \$600 will be charged for each IMAX 2D film print requested. All venue rental fees are to be negotiated directly with the theater/venue.



# DREAM BIG SCREENINGS

## Technical Questions Form

Fill out this form and email it to: [Gwen@discovere.org](mailto:Gwen@discovere.org)

Please fill out the technical questions below with the venue for the screening:

### Question #1 – What type of theatre will be used for screening?

Must be filled out. Check only one:

- IMAX Theatre in a museum \_\_\_\_\_
- IMAX Theatre in a commercial multiplex theatre \_\_\_\_\_
- Non-IMAX Digital Theatre in a museum \_\_\_\_\_
- Non-IMAX Digital Theatre in commercial multiplex \_\_\_\_\_
- Auditorium or non-theatre venue \_\_\_\_\_

### Select only One Option from the following 2 options:

#### Option 1: IMAX Theatre.

IMAX Film Theatre, uses a 15/70mm film print.

IMAX 2D Film \_\_\_\_\_

For an IMAX Digital theatre, please ask which type. Check only one.

IMAX 3D Digital \_\_\_\_\_

IMAX 3D Digital Laser \_\_\_\_\_

#### Option 2: A Regular Digital Theatre – in a Non-IMAX Digital Theatre:

1. Is the digital format DCI compliant? Check one: \_\_\_\_\_yes \_\_\_\_\_ no

2. What type of theatre. Check one: \_\_\_\_\_ in a museum \_\_\_\_\_ commercial theatre

3. Ask theatre if they know if theatre is 2K or 4K and 2D or 3D. If they don't know, leave blank for now.

2K 2D	_____	4K 2D	_____
2K 3D	_____	4K 3D	_____

4. Please ask the theatre for a **Digital Readiness Form**. Send that form to Gwen Hearn.

### Please fill out this theatre contact information:

Screening Date: \_\_\_\_\_

Theater Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Theatre Contact Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

**Thank you for providing this information!**