



THE REEL EMERGENCY PROJECT  
APPLICATION FORM

**Please return this form to:**  
**FIAF, Rue Defacqz 1, B-1000 Bruxelles, Belgium**  
**Fax +32-2-534-47-74; e-mail: info@fiafnet.org**

Name of the institution:

Address:

Telephone:

Fax:

E-mail:

Contact name:

Title:

TITLE OF THE FILM:

Country of production:

Director:

Year:

Base:	Nitrate Acetate		Color Black & White	
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Format:	35mm 16mm		Silent Sound	
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Original length of the film:

Length of the material:

Type of damage:

Brief description of the importance of the film to your national heritage:

Please note: only films of a maximum footage of 300m (1000 ft.) will be considered for the project.

I hereby authorize FIAF to distribute this information through its website. FIAF archives are authorized to contact me on a volunteer basis for the restoration of this film.

Date:

Name:

Signature: