

Application to Host as an AFM Umbrella Stand

This Application must be completed, signed and submitted prior to submitting your Exhibitor Agreement. Once signed and submitted, this Application is incorporated by this reference into any subsequent Exhibitor Agreement signed by this Organization. **All Umbrella Program Exhibitors must be pre-approved by IFTA and are subject to verification of the information to be provided by the Umbrella Stand Host Exhibitor.**

The responsibilities of the Umbrella Program Host and Participation are defined in the Exhibitor Standard Terms and Conditions.

Please provide the following information with respect to any Umbrella Exhibition Space so that AFM can determine if any Exhibitor meets the qualifications to host an AFM Umbrella Stand:

UMBRELLA HOST ORGANIZATION. ("Organization")

Address: Suite/Floor:

City: State: Postal Code: Country:

Main Telephone: Company Website

MAIN CONTACT.

First Name: Last Name:

Job Title: Email:

Mobile: Direct Telephone – if different than Mobile:

ORGANIZATIONAL QUESTIONS.

What is your Organization's Mission?

Does the Organization have Members? ☐ Yes ☐ No

If yes, what are the Organization's Membership qualifications (i.e. producer, sales company, or any other exhibitor residing or headquartered in a specific country or region)?

What is the Organization's Source of Funding (i.e. Membership Dues, Governmental subsidies, or any other grants or programs)?

What is the profile of the companies or individuals who will be hosted on the Umbrella Stand – sales agents, producers, film financiers, government officials or any other exhibitor?

Please explain the Organization's Goals at the AFM?

SIGNATURE.

Thank you for providing this information so we can determine your Organization's qualifications to host an AFM Umbrella Stand. Applicant Organization verifies that this information is accurate and agrees that it and its employees and all Umbrella Stand Participants will fully comply with the Terms of any subsequent Exhibitor Agreement that is signed, as well as the AFM Guidelines (posted at www.AmericanFilmMarket.com).

Print Name: _____ Job Title: _____

Authorized Signature: _____ Date: _____