

# Screening Loans Registration Form



<b>Organisation name</b>					
<b>Screening Venue</b>					
<b>Principal contact</b>					
<b>Title / role</b>					
<b>Email address</b>					
<b>Phone</b>		<b>Mobile</b>			
<b>Billing address</b>					
<b>Town / Suburb</b>		<b>State</b>		<b>Postcode</b>	

<b>Delivery address</b>					
<input type="checkbox"/> Same as Billing					
<input type="checkbox"/> Digital – see over					
<b>Town / Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Freight Carrier</b>		<b>Account #</b>			

## Insurance

<b>Please mark with an X all appropriate statements:</b>	
<input type="checkbox"/>	<i>I have read the NFSA's <b>Conditions of Loan and Loan Damage and Insurance information sheet</b> and understand our liabilities in relation to loss or damage of NFSA materials.</i>
<input type="checkbox"/>	<i>Our Organisation has sufficient insurance cover for loss or damage to NFSA materials while in our possession and in transit <u>from and to</u> NFSA.</i>
<input type="checkbox"/>	<i>Our Organisation has insurance cover for film prints during projection.</i>
<b>Insurance Company:</b>	_____ <b>Expiry Date:</b> _____

## Screening Venue Details

<b>Venue Name</b>					
<b>Venue Street Address</b>					
<input type="checkbox"/> Same as Billing					
<input type="checkbox"/> Same as Delivery					
<b>Town / Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Venue Contact</b>		<b>Phone</b>			

## Equipment Details (please mark with an X where appropriate)

Screening Formats	<input type="checkbox"/> 35mm film	<input type="checkbox"/> 16mm film
	<input type="checkbox"/> D-Cinema DCI compliant 2K+	<input type="checkbox"/> E-Cinema (< 2K)

### DCP details

Preferred DCP	<input type="checkbox"/> Interop (IOP) <input type="checkbox"/> SMPTE (Society of Motion Picture Television Engineers)
Hard Drive type (if receiving physical drive)	<input type="checkbox"/> Extended Filesystem version 2 (Ext2);128 byte index node <input type="checkbox"/> Other - please specify _____
<b>NOTE:</b> <i>The NFSA does not deliver DCPs through File Transfer software</i>	

### 35mm Film Projection Details

Film Equipment	<input type="checkbox"/> Dual Projectors <input type="checkbox"/> Platter <input type="checkbox"/> Tower <input type="checkbox"/> 6000' spools
Make & Model	
Variable Speed	<input type="checkbox"/> No <input type="checkbox"/> Yes   Which Speeds?
Screening Ratios capable	<input type="checkbox"/> Full Frame ( 1:1.33 ) <input type="checkbox"/> Academy ( 1:1.37 ) <input type="checkbox"/> Euro Widescreen ( 1:1.66 ) <input type="checkbox"/> Widescreen ( 1:1.85 ) <input type="checkbox"/> Anamorphic ( 1:2.35 ) <input type="checkbox"/> Anamorphic ( 1:2.55 )
Sound	<input type="checkbox"/> Mono <input type="checkbox"/> Dolby A <input type="checkbox"/> Dolby SR <input type="checkbox"/> Dolby Digital <input type="checkbox"/> DTS
Rewind Equipment	<input type="checkbox"/> Manual <input type="checkbox"/> Motorised re-wind bench, with variable speed
<b>NOTE:</b> <i>NFSA Archival category prints require dual projectors and 2000' changeovers. Only NFSA Access category prints may be screened on single projector "platter" systems.</i>	

### 16mm Film Projection Details

Film Equipment	<input type="checkbox"/> Single Projector <input type="checkbox"/> Dual Projectors <input type="checkbox"/> Portable <input type="checkbox"/> Pedestal
Make & Model	
Intermittent type	<input type="checkbox"/> Claw <input type="checkbox"/> Geneva / Maltese cross
Variable Speed	<input type="checkbox"/> No <input type="checkbox"/> Yes   Which Speeds?
Screening Ratio	<input type="checkbox"/> Academy ( 1:1.33 ) <input type="checkbox"/> Anamorphic ( 1:2.66 ) <input type="checkbox"/> Zoom lens

## Declaration

### Authorised representative of organisation to complete:

*I warrant that the information I have supplied is correct and I agree to contact the NFSA if any changes occur to the organisation details or venue equipment. I understand that this registration form does not constitute an agreement to loan, and that the conditions of loan are subject to a separate loan agreement. I warrant that I am an authorised representative of the organisation above and the organisation will adhere to all of the undertakings in this registration form, subsequent loan agreement/s and conditions of loan.*

Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

**Email the completed registration form to:** [access@nfsa.gov.au](mailto:access@nfsa.gov.au)