NEXT/CHANGE

**PROJECT APPLICATION FORM**

SUPPORT FOR SHARING BEST PRACTICE

**A – APPLICANT INFORMATION**

**■ Applicant details**

FIRST NAME LAST NAME

POSITION AT THE CINEMA

E-MAIL MOBILE PHONE

**■ Cinema details**

CINEMA AND NUMBER OF SCREENS

COMPANY

COMPANY’S ADDRESS

ZIP CODE TOWN COUNTRY

TELEPHONE

**■ Please specify the areas in which you need to improve your skills:**

Programming

Customer relationship/data management

Spaces and design

Brand development

Initiatives to develop new audiences

Other (please specify)

**B – PROJECT DESCRIPTION**

**■ Project description**

……………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………............................................................................

*(Please fill in this table with the information about the cinema(s) you want to visit)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cinema | Exhibition Company | Contact Info  (name + email) | Town | Country | Reason |
|  |  |  |  |  |  |

*If you are not sure about which cinema you would like to go to, the Europa Cinemas team is here to help.*

**■ Objectives** ……………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**■ Expected results**

……………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**■ Provisional travel schedule:**

………………………………………………………………………………….……………………….............................………………………………………………………………………………….……………………….............................………………………………………………………………………………….……………………….............................………………………………………………………………

*Please join to this form a letter of acceptation (or confirmation by email) from the host cinema.*

**C – EXPENSES DETAILS**

**■ Estimated Expenses:**

………………………………………………………………………………….……………………….............................………………………………………………………………………………….……………………….............................………………………………………………………………………………….……………………….............................………………………………………………………………………………….……………………….............................……………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Nature of the expenses | Total cost | Support requested from Europa Cinemas\* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL BUDGET |  |  |

**■ Amount of support requested to Europa Cinemas \*:** ………………………………………………………………………………….……………………….............................………………………………………………………………………………….……………………….............................………………………………………………………………………………….……………………….............................………………………………………………………………

*\* Europa Cinemas will only cover part of the cost of travel (max 50% in the limit of 150 €) and accommodation expenses (max 50% in the limit of 75€/night for 7 nights maximum).*

**Name of signatory:**

**Stamp of the company: Date and Signature:**