

# OPENING NIGHT TICKET ORDER

**Thursday, October 29 2009**

**7 p.m.**

**AMC Loews 600**

**600 N. Michigan Avenue/Chicago**

Reception immediately following film

(Dietary Laws Observed)

[FestIsraelCinema@aol.com](mailto:FestIsraelCinema@aol.com)

## LIMITED SEATING. RESERVE YOUR SPACE NOW.

Print out and complete this order form. Please print clearly.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Number of tickets \_\_\_\_\_ @ \$36 each

Please make check payable to Chicago Festival of Israeli Cinema.

(Credit cards not accepted.)

### Mail to:

**Chicago Festival of Israeli Cinema**

**P.O. Box 118512**

**Chicago, Illinois 60611**

You will receive an email confirmation of your payment.

Tickets will be at the will-call table in the lobby beginning at 5pm on 10/29.

The Chicago Festival of Israeli Cinema is a not-for-profit organization under Section 501 (c) (3) of the Internal Revenue Code