



## FILMING QUESTIONNAIRE

FOR INTERNAL USE ONLY

DATE RECEIVED: \_\_\_\_\_

SECURITY NOTIFIED: \_\_\_\_\_

SAFETY NOTIFIED: \_\_\_\_\_

NAME: \_\_\_\_\_

☐ APPROVED ☐ DENIED REASON: \_\_\_\_\_

MEDIA REP: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 1. Please provide a synopsis of your film.

### 2. Why do you want to film at Cedars-Sinai?

### 3. What is your filming plan?

What exactly do you want to film?

Who do you want to interview at Cedars-Sinai?

Where would you like to film?

How many hours of filming are you requesting?

Please list your essential crew members and their function.

**4. Are you doing this project on spec and/or for commercial purposes?**

**5. How will you distribute the finished product? Who will distribute it?**

**6. Have you produced a documentary before? If not, do you have any other producing experience? Please specify.**

**7. Please provide links to at least two samples of your video or film work.**

**8. How is this project being funded?**

**9. What is your timeline to start and finish filming?**

**10. Will this project benefit patients or the medical community? If so, how?**