

# Order Form

Information of the owner of a severely handicapped ID:

*Name*

*Address*

*E-mail address*

*Phone number*

Assistent                      *yes*                      *no*

Wheelchair space            *yes*                      *no*

Audio-description            *yes*                      *no*

Visual impairment            *yes*                      *no*

<i>Quantity</i>	<i>Film title</i>	<i>Cinema</i>	<i>Day</i>	<i>Time</i>

Please fill out this form and send it with a copy of your severely disabled ID to [inklusion@berlinale.de](mailto:inklusion@berlinale.de). You will receive a booking confirmation with a payment link, as soon as your request has been processed. The ticket will be sent by e-mail for printing or as a mobile ticket (please check your SPAM folder if necessary).