

REENTRY National Media Outreach Campaign
Order Form for *Outside the Walls* videotape
Visit the Reentry Web site at: www.reentrymediaoutreach.org



Thank you for your interest in the Reentry National Media Outreach Campaign and its signature videotape, *Outside the Walls: A National Snapshot of Community-Based Prisoner Reentry Programs*. Outreach Extensions is pleased to offer you a complimentary copy of the videotape for use in your professional and community work. To obtain your free copy, we require that you tell us how you plan to use the videotape as well as send us a Usage Report .

Please send my complimentary copy of *Outside the Walls* in VHS or DVD format.
My plan for its use is described below. I agree to submit a Usage Report.

Contact Person

Title	Organization
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Address

City	State	ZIP Code
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Phone	Fax	E-mail
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Type of Organization:

- | | |
|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Faith-Based | <input type="checkbox"/> Nonprofit (Service-based) |
| <input type="checkbox"/> Government | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Nonprofit (Policy-based) | <input type="checkbox"/> Other _____ |

Plan for utilization of *Outside the Walls* videotape:

Please check the following, as appropriate:

- Host a screening event or reentry workshop for clients, board members, and other constituencies
- Host a screening and panel discussion for partners, elected officials, and other community stakeholders
- Host a community event, using the videotape to stimulate discussion to inform, persuade, and educate
- Use in conjunction with materials/broadcasts for other REENTRY Campaign productions
- Conduct a workshop or keynote event at a professional association meeting and/or conference
- Present to students and/or staff for discussion and action planning
- Other

Briefly describe how you plan to use the videotape, target audiences, type of event/venue, timelines, and outcomes you hope to achieve. Send as an attachment to this document.

Date(s) of event(s) _____ Number of participants _____
Date Impact Report will be submitted _____

Please return this completed form to Sally Turner
Fax: 401.780.2290 ■ Tel: 401.780.2255 ■ E-mail: Sally@reentrymediaoutreach.org

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