

# 2009 RI FILM FORUM REGISTRATION

Mailing: RIIFF, 268 Broadway, Providence, RI 02903, info@film-festival.org

[www.RIFilmFest.org](http://www.RIFilmFest.org)

*Please complete form and send it with your payment to the address above:*

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, \_\_\_\_\_ (signed by the writer), certify I am 18 or older.

I, \_\_\_\_\_ (the writer), am 17 years old or younger. Therefore, I have obtained permission to attend the workshop(s) from my parent or legal guardian:

Printed Name of Legal Guardian: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail of Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

## I WILL ATTEND:

\_\_\_\_\_ RI FILM FORUM, DAY ONE, Friday, August 7<sup>th</sup> from 8:30 a.m. to 1:00 p.m., **\$45/\$15** for filmmakers

**YOUR TOTAL PAYMENT = \$** \_\_\_\_\_

## CHECK or MONEY ORDER (US FUNDS ONLY) ENCLOSED & PAYABLE TO:

**Rhode Island International Film Festival ("RIIFF");** please place "**RI Film Forum**" in the memo.

Mail to RI FILM FORUM, 268 Broadway, Providence, RI 02903 or Fax to 401-490-6735

**CREDIT CARD APPLICATION**, in the amount of \$ \_\_\_\_\_ (total payment from above)

Visa       MasterCard       American Express

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** The Festival reserves the right to impose a \$20 surcharge for returned checks. The Festival reserves the right to deny seminar entry to anyone who has not paid the entry fee. **REFUNDS:** Refunds, minus a 25% office fee, will be available until July 25, 2009. After that date NO REFUNDS will be made. Sorry for any inconvenience. Thank you for your understanding.