

2007 RI FILM FORUM REGISTRATION

Mailing: RIIF, 268 Broadway, Providence, RI 02840, info@film-festival.org,
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**, Wednesday, August 8th from 8:30 a.m. to 1:00 p.m., **\$45**

_____ **RI FILM FORUM, DAY TWO**, Thursday, August 9th from 8:30 a.m. to 12:00 p.m., **\$45**

_____ **SPECIAL DISCOUNT** for both **Days One** and **Two: \$75 (Save \$15!)**

YOUR TOTAL PAYMENT = \$ _____

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

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

Mail to RI FILM FORUM, attn: J. Burbank, 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 20, 2007. After that date NO REFUNDS will be made. Sorry for any inconvenience. Thank you for your understanding.