MEDIA ACCREDITATION APPLICATION
Rhode Island International Film Festival
August 3-9, 2009

CONTACT INFORMATION
**Please complete one application for each person including crew members**

Name:____________________________________________ Title:______________________________

Address:_____________________________________________________________________________

City, State/Country_____________________________________________ Zip Code:_____________

Telephone: (Office)__________________(Home)______________________ Fax:___________________

e-mail:_________________________________________ Dates Attending:________________________

PUBLICATION/OUTLET INFORMATION

Primary Publication/Outlet:_______________________________________ Market:_________________

Media Type:_____________________ Frequency:___________________ Circulation:_______________

Editor/Producer:______________________________________ Telephone:________________________

Address (if different than above):________________________________________________________

Additional Publication/Outlet:____________________________________ Market:_________________

Additional Publication/Outlet:____________________________________ Market:_________________

SPECIAL INTERESTS Please select any categories on which you would like to receive specific information. Spotlight Films/ Documentary /World Cinema/ Other ________________________________

TYPE OF COVERAGE:

Applicant's Signature______________________________________________ Date________________

PLEASE RETURN THIS FORM BY FRIDAY, July 24th to:
RIIFF, Attn: Demetria Carr, Managing Director, 268 Broadway, Providence, RI
Tel (401) 861-4445, Fax (401) 490-6735. E-mail: demetriac@film-festival.org