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