MEDIA ACCREDITATION APPLICATION
Rhode Island International Film Festival
August 10-15, 2010

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 23rd to:
RIIFF, Attn: Demetria Carr, Managing Director, PO Box 162, Newport, RI 02840
Tel (401) 861-4445, Fax (401) 490-6735. E-mail: demetriac@film-festival.org