FLICKERS MEDIA ACCREDITATION APPLICATION
Rhode Island International Film Festival
October 25-28, 2012

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, October 5th to:
RIIFF, Attn: Joanne Arnold, Administrative Director, PO Box 162, Newport, RI 02840
Tel (401) 861-4445, Fax (401) 490-6735. E-mail: jarnold@film-festival.org