FLICKERS’ MEDIA ACCREDITATION APPLICATION
Rhode Island International Film Festival
August 9-14, 2016

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 30th to:
RIIFF, Attn: Shawn Quirk, Program Director, PO Box 162, Newport, RI 02840
Tel (401) 861-4445, Fax (401) 490-6735. E-mail: quirk@film-festival.org