

For office use only:  
Date received:

**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](mailto:quirk@film-festival.org)