

2008 RIFF SCRIPTBIZ REGISTRATION

Mailing: RIFF, 268 Broadway, Providence, RI 02840, info@film-festival.org,
www.RIFilmFest.org

Please complete form and send it with your payment to the address above.

Your Name: _____

Phone: _____ Cell: _____ E-mail: _____

Street Address/PO Box: _____

City: _____ State: _____ Country: _____ Zip Code: _____

I, _____ (signed by the writer), certify I am 18 or older.

I, _____ (the writer), am 17 years old or younger.

Therefore, I have obtained permission to attend the workshop(s) from my parent or legal guardian:

Printed Name of Legal Guardian: _____

Signature of Legal Guardian: _____ Date: _____

E-mail of Legal Guardian: _____ Phone: _____

I WILL ATTEND:

____ ScriptBiz Writing Workshop: DAY ONE, Monday, August 4th, 2008, 9:00 AM to 6:00 PM, \$105.00

____ ScriptBiz Writing Seminar: DAY TWO, Tuesday, August 5th, 2008, 9:00 AM to 3:00 PM, \$95.00

____ Both Days: Workshop & Seminar, \$150.00

____ Deduct \$10 to attend if you are (please check all that apply):

____ Former ScriptBiz Participant ____ RIFF Volunteer ____ Student

____ Short Script Contestant ____ Faculty/Teacher ____ Senior

YOUR TOTAL PAYMENT = \$ _____

CHECK or **MONEY ORDER** (US FUNDS ONLY) ENCLOSED & PAYABLE TO:

Rhode Island International Film Festival ("RIFF"); please place "ScriptBiz" in the memo.

OR **CREDIT CARD APPLICATION**, in the amount of \$ _____ (total payment from above)

Visa MasterCard American Express Discover Credit Card

Number: _____ Expiration: _____

NAME ON CARD: _____

SIGNATURE: _____ Date: _____

PLEASE NOTE: The Festival reserves the right to impose a \$20 surcharge for returned checks. The Festival reserves the right to deny workshop or seminar entry to anyone who has not paid the entry fee. REFUNDS: Refunds, minus a \$50 office fee, will be available until July 7, 2008. After that date NO REFUNDS will be made. Sorry for any inconvenience. Thank you for your understanding.