



2019 PRINT TRAFFIC REPORT

Please return this form via email to
info@film-festival.org

FILM INFORMATION:

NAME OF FILM: _____

Name Of Director: _____

Film Rep: _____

Contact Address: _____

Contact Number () _____ Email: _____

Premiere Status: _____

Screening Date: _____ Screening Location: _____

ARE YOU SENDING RIIFF A DIGITAL FILE? _____

LOG IN INFORMATION:

Date Film Is Expected: / / Arrival Date: / /

Format Expected : _____ Format Received: _____

Frame Rate: _____ Aspect Ratio: _____

Runtime: _____ Media Kit: Film Images Yes/No

Method Of Shipment : _____

Shipped From: _____

Ship To (After Festival): _____

Date Expected At Destination: / /

FILMMAKER/RIIFF CORRESPONDENCE:

Additional Notes:

