

For office use only:
Date received:

FLICKERS' MEDIA ACCREDITATION APPLICATION

Rhode Island International Film Festival

August 8-13, 2017

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 28th 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