



AFI FEST 2003

AFI LOS ANGELES INTERNATIONAL FILM FESTIVAL

Press Accreditation Request Form

NOV 6-16

MEDIA REPRESENTATIVE INFORMATION

One applicant per request form.

Name:

Address:

City, State/Country, Zip Code:

Telephone: Office

Cell

Fax:

Email:

Please type an X next to the appropriate title:

Camera

Freelance

Producer

Other

Critic

On-Air Host

Publisher

Editor

Photographer

Writer/Reporter

*Must be accompanied with a letter of commitment from the assigning editor/producer

PUBLICATION/OUTLET INFORMATION

Name of Publication/Outlet:

Please type an X next to the appropriate publication:

Magazine

Network TV or Cable

Website

Newspaper

Radio

Other:

Published/Program Times & Dates:

(Daily, Weekly, Monthly, Special Edition, etc.)

Market:

(City, State, Region or Country)

Circulation/Viewership/Listenership:

SPECIAL INTEREST

Please type an **X** next to the appropriate one:

African-American

Celebrity

Documentary

Latin-American

Asian-American

Digital

Gay & Lesbian

Other

Applicant's Signature _____

(If done electronically, please type name)

Date _____

PLEASE EMAIL OR FAX THIS FORM BY OCTOBER 15, 2003 TO:

Kristian Salinas • Publicity • AFI FEST 2003

2021 North Western Avenue, Los Angeles CA 90027

phone: 323.856.7718 • fax: 323.462.4049 • ksalinas@AFI.com