

## PRESS ACCREDITATION REQUEST FORM



**PRESS PASS HOLDER INFORMATION:** (one applicant per request form)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State/Country, Zip Code: \_\_\_\_\_  
 Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Best way to reach you? \_\_\_\_\_

Please check box next to the appropriate title:

- |                                 |                                       |  |                                |
|---------------------------------|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Camera | Freelance <input type="checkbox"/>    | Producer <input type="checkbox"/>        | Other <input type="checkbox"/> |
| <input type="checkbox"/> Critic | <input type="checkbox"/> On-Air Host  | <input type="checkbox"/> Publisher       |                                |
| <input type="checkbox"/> Editor | <input type="checkbox"/> Photographer | <input type="checkbox"/> Writer/Reporter |                                |

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

### PUBLICATION/OUTLET INFORMATION

Name of Publication/Outlet: \_\_\_\_\_

Please check box next to type of media:

- |                                    |  |                                  |
|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Magazine  | <input type="checkbox"/> Network TV or Cable | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio               |                                  |

Other: \_\_\_\_\_

Published/Program Times & Dates: \_\_\_\_\_  
 (Daily, Weekly, Monthly, Special Edition, etc.)

Market: \_\_\_\_\_ Circulation/Viewership/Listenership: \_\_\_\_\_  
 (City, State, Region or Country)

Planned Coverage: (include number of stories you plan to write) \_\_\_\_\_

### SPECIAL INTEREST

Please check box next to all that apply:

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> African -American | <input type="checkbox"/> Celebrity | <input type="checkbox"/> Documentary   | <input type="checkbox"/> Latin -American |
| <input type="checkbox"/> Asian -American   | <input type="checkbox"/> Digital   | <input type="checkbox"/> Gay & Lesbian | Other _____                              |

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (If done electronically, please type name)

**PLEASE EMAIL OR FAX THIS FORM BY SEPTEMBER 30, 2005 TO:**  
 Vanessa Sibbald, Publicity Coordinator, AFI FEST 2005  
 vsibbald@AFI.com, fax: 323.468.3735