

# cinelasamericas

## 12th CINE LAS AMERICAS INTERNATIONAL FILM FESTIVAL INDUSTRY ACCREDITATION APPLICATION | APRIL 22-30,

### Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Country, ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Company Information

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Market: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

### Visit Information

Dates visiting the festival: \_\_\_\_\_

Hotel: \_\_\_\_\_

Main reason for your visit: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form by Friday April 17, 2009  
Cine Las Americas International Film Festival Registration Office  
Email: [register@cinelasamericas.org](mailto:register@cinelasamericas.org) or Fax to +1.512.535.6268, Attention: Ana Maria Blanco