

cinelasamericas

12th CINE LAS AMERICAS INTERNATIONAL FILM FESTIVAL MEDIA CREDENTIAL APPLICATION | APRIL 22-30, 2009

(Each representative should kindly fill out a form. Thank you.)

Contact Information

Name: _____ Title: _____

Address: _____

City, State/Country, ZIP Code: _____

Telephone: _____ Cell: _____

Fax: _____ Email: _____

Dates Attending Festival: _____

Publication/Outlet Information

Primary Publication/Outlet: _____ Market: _____

Editor/Producer: _____ Telephone: _____

Media Type: _____ Frequency: _____ Circulation: _____

Address (if different from above): _____

Additional Publication Outlet: _____

Type Of Coverage: (Briefly describe stories and length of coverage)

AS A CONDITION OF RECEIVING CREDENTIALS TO THE 2009 CINE LAS AMERICAS INTERNATIONAL FILM FESTIVAL, I AGREE TO SEND TEAR SHEETS OR A COPY OF MY COVERAGE AS SOON AS POSSIBLE FOLLOWING THE FESTIVAL.

Applicant's Signature: _____ Date: _____

Please return this form by Friday April 17, 2009 to:

Cine Las Americas International Film Festival Registration Office

Email: register@cinelasamericas.org or Fax +1.512.535.6268, Attention: Ana Maria Blanco

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