



2008 ACCREDITATION FORM

DEADLINE: March 24th, 2008

Please return this form by mail to:

Attn: Linda Liu, DisOrient Film Festival, 164 Oregon Hall, Office of Multicultural Academic Support, 2155 University of Oregon, Eugene, OR 97403

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Country: _____ Email: _____

Phone: () _____ Cell Phone: () _____

Fax: () _____

PROFESSIONAL CATEGORIES (check one)

Artist: Director Producer Screenwriter Actor Other: _____

Industry: Agent Distributor Exhibitor/Programmer Other: _____

Press: TV/Radio Newspaper/Magazine Photographer Other: _____

Films or Organizations Represented: _____

TRAVEL ITINERARY

ARRIVAL Date: _____ Time: _____

Airline (or indicate driving/local/etc): _____ Flight#: _____ Airport: _____

DEPARTURE Date: _____ Time: _____

Airline (or indicate driving/local/etc): _____ Flight#: _____ Airport: _____

FESTIVAL CONTACT INFORMATION (if different from personal information)

Accommodation Name: _____

Address: _____ City/State: _____

Phone 1: () _____ Phone 2: () _____

Fax: () _____

Is this a : Hotel? Private Residence?

Please indicate any additional needs here: _____

