



SAN FRANCISCO INTERNATIONAL FILM FESTIVAL

26 APRIL - 10 MAY 2007

The San Francisco Film Society will accept requests for accreditation from representatives of organizations that have a professional interest in attending the Festival. Industry and Network passes are granted at the discretion of the Festival and are personal and nontransferable.

Please return the completed application form (one per applicant)

SFIFF Accreditation
San Francisco Film Society
39 Mesa Street, Suite 110
San Francisco, CA 94129, USA

TEL 415-561-5000
FAX 415-561-5099
EMAIL industry@sffs.org

The San Francisco International Film Festival program will be available at www.sffs.org from noon, April 3, 2007.

PROFESSIONAL ACCREDITATION APPLICATION

FORMS MUST BE RECEIVED NO LATER THAN APRIL 13, 2007. AFTER APRIL 13, APPLICATIONS WILL BE SUBJECT TO A \$25 LATE FEE.

CONTACT INFORMATION

Please type or print clearly

*This information as it appears below will be used on your badge.

*Name _____

*Affiliation _____

*Title _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Tel _____ Fax _____

Cell _____ Email _____

Please share my full contact information with other visiting filmmakers and industry guests.

- Yes No Email only

PROFESSIONAL ACTIVITY

In order to assist the networking process, you are requested to supply information on your business activities, which will be published in the industry contact list given to all Festival delegates.

The primary function of my business is (check one):

- Director Producer Screenwriter
- Development Executive TV Commissioning Editor Talent Agent
- Film Financier Film Acquisitions TV Acquisitions
- Sales Agent Theatrical Distributor Video Distributor
- Film Marketing Film Festival Exhibitor
- Film School Staff Film Student Film Education
- Film/Arts Organization Other (please specify) _____

Title of film(s) you are representing (if applicable) _____

CONCERNING YOUR VISIT

LOCAL

How many days will you attend SFIFF 50?

- 1-5 7 10 Other _____

VISITING

Date of Arrival _____ Date of Departure _____

Hotel or address during your stay _____

Telephone _____ Fax _____

If dates are not yet known, please notify us as soon as possible.

TO THIS FORM PLEASE ATTACH YOUR BUSINESS CARD. Please email your photo as a 300 dpi JPEG to industry@sffs.org.

CONFIRMATION

Upon receipt of your completed registration form, a confirmation email/letter will be sent to you. Credentials will be ready for pickup April 26–May 10 at the Festival Hospitality Suite at the Kabuki Theatres, 1881 Post Street (at Fillmore), San Francisco. Further suite and services information will be included in your confirmation email/letter.

All information and photos must be sent before we can confirm your accreditation.