

ACCREDITATION FORM

4TH EDITION OF THE KENYA INTERNATIONAL FILM FESTIVAL

21ST to 31ST October, 2009

FOR WORKSHOPS

IN BLOCK LETTERS

Last Name; _____

First Name; _____

Country; _____

Area: Actors Lab Cinematography Composing for Film

Creative Economy Directors' Lab East African Filmmakers Forum

Intellectual property

Company Address: _____

Zip code: _____ Town: _____

Tel: _____ Fax: _____ E-mail: _____

Occupation: Actor Others (specify): _____
