



# ACCREDITATION FORM

## 4<sup>TH</sup> EDITION OF THE KENYA INTERNATIONAL FILM FESTIVAL

21<sup>st</sup> to 31<sup>st</sup> OCTOBER, 2009

### FOR MEDIA

#### IN BLOCK LETTERS

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Country: \_\_\_\_\_

*Area* :    *Print*            *News agency*            *Radio*       

*TV*                *Others*                *Freelance*       

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*Company Address:* \_\_\_\_\_

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*Personal address:* \_\_\_\_\_

*Zip code:* \_\_\_\_\_ *Town:* \_\_\_\_\_ *Country :* \_\_\_\_\_

*Tel:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *E-mail :* \_\_\_\_\_

*Occupation :*    *Film critic*            *Others (specify) :*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_