



THE 6th EDITION KENYA INTERNATIONAL FILM FESTIVAL

(21st October 2011 – 30th October 2011)
P.O. Box 76417-00508 Nairobi, Kenya
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ACCREDITATION FORM FOR SCREENWRITING WORKSHOPS

(PLEASE USE BLACK INK AND FILL OUT THE FORM IN CAPS)

Name: _____

Occupation: (tick appropriately)

1. Producer___
2. Actor/Actress__
3. Director__
4. Scriptwriter__
5. Other (please specify) _____

Country of origin: _____ **Town** (if in Kenya) _____

Address: _____

Phone: _____

Email: _____

PLEASE TICK THE APPROPRIATE WORKSHOP FOR YOU:

1. Screenwriting Workshop
 - Kisumu___
 - Mombasa___
 - Eldoret___

NB: Consideration is given on first come first served basis.