



THE 6th EDITION KENYA INTERNATIONAL FILM FESTIVAL

(21st October 2011 – 30th October 2011)
P.O. Box 76417-00508 Nairobi, Kenya
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Email: info@kifftrust.org www.kifftrust.org

ACCREDITATION FORM FOR 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. East African Filmmakers Forum ___
2. Translation of African Literature to film___
3. Intellectual Property ___
4. Music in Film___
5. Fashion meets Film___
6. Film Trainers Workshop___
7. Presentation by the Kenya Film Classification Board___
8. Pitching___

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

“Promoting film culture in Kenya”