



THE 4th EDITION KENYA INTERNATIONAL FILM FESTIVAL
(21st October 2009 – 31st October 2009)

P.o. Box 76417-00508 Nairobi, Kenya
Tel: 254-2-2010526, 254-722-897216
Email: info@kifftrust.org www.kifftrust.org

REGISTRATION FORM

Entry Deadline: 30th June, 2009

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

Film Title: _____ English Title (If different) _____

Running Time: _____ **Country of origin:** _____ **Year of Production:** _____

Original Language: _____ **English Subtitles:** Yes _____ No _____

Directors Name: _____ **Nationality:** _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Producers Name _____ **Nationality** _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Distributors Name _____

Address _____

Phone _____ **Fax** _____ **Email** _____

PLEASE TICK THE APPROPRIATE GENRE:

Long feature Documentary Animation Experimental Short Student

SCREENING FORMAT: 2 copies of the Films must be available for festival in the format indicated.

35 mm **OR** DVD only

FILM TO BE SENT FROM:

Film Title: _____ **Contact Person:** _____

Address: _____

Tel: _____ **e-mail:** _____

