

7^e FESTIVAL DU CINEMA DE BRIVE

EUROPEAN MEDIUM-LENGTH
FILM MEETINGS 21st to 26th april, 2010

ACCREDITATION REQUEST / PROFESSIONNELS

Fill in this form and return it before April 5th, 2010.

Picture

Business Card

Personal Information

Surname

First Name

Address

Post code

City

Country

Telephone

Mobile

Fax

E-mail

Website

Professional Information

Sector: Production Author, Director Exhibitor Film School
 Distribution Film Technician Media other (specify)

Company
 Function
 Address
 Zip Code
 City
 Country
 Telephone
 Fax
 E-mail

Transportation:

I will be coming by train and I want to benefit from the congress ticket fare (Billet Congrès -20 %_off):
 yes no

Accommodation in Brive:

Festival attendance:

21st April 22nd April 23rd April 24th April 25th April 26th April

I want to book my hotel rooms through you. I will pay for the rooms at the hotel in Brive on the day of my departure.
 yes no

Hotel selected

Hotel Chapon Fin : due to the limited number of places available, every reservation must be made through the Festival Bureau.

All useful information is enclosed and for further information visit our website www.festivalcinemabrive.fr

Your accreditation gives you the opportunity to enjoy special discounts in all hotels partners/sponsors of the festival.

Hotels keep the right to charge all or part of your stay in case of cancellation or change in your reservations.

I wish to make dinner reservations for the following nights:

21st April 22nd April 23rd April 24th April 25th April 26th April

You will be asked to pay for your meal before entering the restaurant.

Date and sign here, adding the words "Lu et approuvé" (= Read and approved)
 (Date and signature) (Company seal)

Please return this form before **April 5th, 2010** to :
 Marion Lyon-Reufflet (Coordinator)
 Rencontres Moyen Métrage de Brive
 14 rue Alexandre Parodi
 75010 Paris, France
 tel : 01 44 89 62 59
 E-mail : marion@festivalcinemabrive.fr