

2011 FESTIVAL REGISTRATION

Please return completed form and registration fee to:

Montana CINE International Film Festival

718 S. Higgins Ave., Missoula, MT 59801 USA

Contact us if you have any questions or need for more information:

Tel: (406) 728-9380 / Fax: (406) 728-2881

E-mail: iwff@wildlifefilms.org / Web: www.wildlifefilms.org

FOR INFORMATION ON ACCOMMODATIONS IN MISSOULA, MONTANA, USA:

<http://www.wildlifefilms.org/montana/index.html>



MONTANA
CINE
INTERNATIONAL
FILM FESTIVAL

Thank you for writing legibly and completely filling out this form.

| | |
|-------------------------|-------------------------|
| _____ | _____ |
| First Name | Last Name |
| _____ | _____ |
| Organization | Title |
| _____ | |
| Mailing Address | |
| _____ | _____ |
| City and State/Province | Postal Code and Country |
| _____ | _____ |
| Telephone | Fax |
| _____ | _____ |
| E-mail | Website |
| _____ | _____ |
| Arrival Date/Time | Departure Date/Time |
| _____ | _____ |
| Airline | Accommodations |

CINE REGISTRATION FEES, OCTOBER 17-23, 2011:

FULL FESTIVAL DELEGATE PASS (7 days of screenings, seminars, symposium and evening events):

- | | | |
|--|------------|-------|
| <input type="checkbox"/> Festival Delegate Pass: | \$250/each | _____ |
| <input type="checkbox"/> Student (enclose copy of valid Student ID): | \$150/each | _____ |
| <input type="checkbox"/> Daily Pass: | \$50/each | _____ |

Name of Delegate & Affiliation(s) _____

SUBTOTAL US \$ _____

My check is enclosed..... Total: US \$ _____

I have wired my Registration Fee Total: US \$ _____
Add US\$20 for transfers outside the U.S. to cover service charges: DATE WIRED: _____

Please charge the Registration Fee to my credit card. **Number will remain confidential.**
(VISA OR MASTERCARD ONLY, 1% credit card service fee for all credit card transactions).....total: US \$ _____

Credit Card # _____ Exp. Date _____ Billing Zip Code _____

Name as it appears on card _____ Signature _____