



PRESS ACCREDITATION APPLICATION FOR STONY BROOK FILM FESTIVAL JULY 22-31, 2010

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FORMS MUST BE RECEIVED BY JULY 13

NAME _____

PUBLICATION/AFFILIATION _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP _____ Country _____

TELEPHONE _____ FAX _____

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TYPE OF MEDIA Print ___ TV ___ Radio ___ Online ___ Other ___

FREQUENCY _____

LANGUAGE (OTHER THAN ENGLISH) _____

When returning your application, please include sample clips with bylines and a business card.

Mail, fax or e-mail to:
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Stony Brook NY 11794-5425

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We will notify you of the status of your application. Your Press Pass will be available for pick-up at the Press and Filmmaker Table in the Staller Center lobby.