



Fifth Annual

APRIL 25 - MAY 4, 2003

APPLICATION FOR INDUSTRY ACCREDITATION

Name of person requesting accreditation _____

Title/Affiliation/Title (Note: Max. 2 per organization may apply) _____

Address _____

Telephone (with country code) _____ Fax _____

Email _____

Please select the appropriate box.

Distributor  Producer  Festival Programmer 

Sales Agent  Other, please specify  _____

Period of stay in Miami. From _____ To _____

Address during stay _____

Telephone (cell phone is preferable) _____

Please enclose 2 passport-sized photographs with name clearly marked on the back and **return to us by Friday, April 11.**

Miami Gay & Lesbian Film Festival
1521 Alton Rd #147
Miami Beach, FL 33139
USA
P: 1-305-534-9924, F: 1-305-535-2377