



Filmmaker Accreditation Application Chicago International Children's Film Festival

Name: _____

Accepted Film Title: _____

Affiliation with Accepted Film: _____

Affiliation/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: (Day) _____ (Evening/Cel) _____

Fax: _____ E-mail: _____

ATTENDANCE DATES/ACCOMMODATIONS

I (we) will be staying from (arrival date) _____ to (departure date) _____

I will be staying at (name of hotel or 'private residence'): _____

The best phone number to reach me in Chicago is: _____

The Official Hotel of the Chicago International Children's Film Festival:



Days Inn Chicago:

For reservations, please contact **Cindy Drewa***:

Phone: 1-773-525-7010 or 1-888-576-3297, extension 101

Fax: 1-773-525-6998

E-mail: cdrewa@daysinnchicago.net

Website: www.daysinnchicago.net

When making your reservation, please reference the CICFF and the title of your film. A major credit card will be required to hold your reservation. **After October 1 room availability may be limited.*

QUESTIONS? Please contact Kathleen Beckman at 773-281-9075 ext. 3037, e-mail us at <kids@facets.org> or fax us at 773-929-0266.