



PRESS MEDIA ACCREDITATION FORM

Please note that you are required to submit original support documentation as outlined in the CBFF media accreditation guidelines along with the completed application form. After completing this form, you must email it back to communications@cbff.ca. Incomplete applications will not be considered.

Name: _____ Job title: _____
 Address: _____

 _____ Tel: _____
 Email: _____ Fax: _____
 Fax: _____ Cell: _____

Primary Media Affiliation:

Editor/Producer

Name: _____

Title: _____

Tel: _____

Email: _____

Media Type:

- Newspaper
 Photo / News wire
 Website
 Consumer Magazine
 Television
 Trade
 Radio
 Other

Frequency of Delivery:

- Daily
 Weekly
 Monthly
 Quarterly
 Other

Circulation /
Viewership: _____
use only numbers

Reach /
Region: _____
Toronto, Canada Wide, International

Please indicate the focus of your intended coverage:

- Gala/Special Presentations
 Documentaries
 First Time Filmmakers
 Canadian Cinema
 Short Films
 Regional/National Cinema
 Parties/Society
 Women in Film