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| **ACCREDITATION FORM** | |
| *Surname:* |  |
| *First name:* |  |
| *Organization:* |  |
| *Phone (mobile):* |  |
| *E-mail:* |  |
| *Country:* |  |
| *Date of arrival:* |  |
| *Date of departure:* |  |
| ***Please send us back this form filled until 30 July to the following***  ***e-mail:*** *filmmaraton.budapest@filmarchiv.hu* | |
| ***Note:*** | |

