



Tisch School of the Arts | New York University

STUDENT REGISTRATION FORM

Name:

Address:

City:

Country:

Telephone: (please include country code)

e-mail address:

Film School:

Title of Film in NEXT REEL FESTIVAL:

Birthdate: Sex: F M

Do you smoke? Yes No Do you prefer a non-smoking roommate? Yes No

Arrival Date & Time: check one **Departure Date & Time: check one**

Saturday, September 24 Sunday, October 2 (morning)

Sunday, September 25 Sunday, October 2 (afternoon)

Flight information:

PLEASE BE AWARE THE FESTIVAL PROVIDES STUDENT DIRECTORS WITH SHARED ACCOMMODATIONS ONLY

TO GUARANTEE ACCOMMODATIONS, PLEASE RESPOND BY SEPTEMBER 2, 2005

THIS FORM SHOULD BE EMAILED OR FAXED TO OUR HOSPITALITY STAFF:
FAX 212.995.4578 EMAIL: sabeen.edwin@nyu.edu



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