



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 and Address:

Title of Film in NEXT REEL FILM FESTIVAL:

Birth Date: Sex: F M

Arrival Date & Time: check one Departure Date & Time: check one
 Sunday, October 7 Sunday, October 14 (morning)
 Sunday, October 14 (afternoon)
Flight information: _____

PLEASE BE AWARE THE FESTIVAL PROVIDES STUDENT DIRECTORS WITH SHARED ACCOMMODATIONS ONLY
TO GUARANTEE ACCOMMODATIONS, PLEASE RESPOND BY AUGUST 10, 2007
THIS FORM SHOULD BE EMAILED OR FAXED TO OUR HOSPITALITY STAFF:
FAX 212.995.4610 EMAIL: craig.foisy@nyu.edu



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