

# REELING 2006

## Accreditation Form

Name: \_\_\_\_\_

Company or Affiliation: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### *Out of Town Guests -- Contact Information While in Chicago:*

Hotel or Host Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check appropriate box:

Festival Programmer    Distributor    Producer    Film Critic

Other: \_\_\_\_\_

### FESTIVAL CONTACT INFORMATION:

*Reeling 2006: The 25th Chicago Lesbian and Gay International Film Festival*  
C/O Chicago Filmmakers, 5243 North Clark Street, Chicago, IL 60640-2122  
Phone: (773) 293-1447 / Fax: (773) 293-0575  
Email: [reeling@chicagofilmmakers.org](mailto:reeling@chicagofilmmakers.org)