



REGISTRATION FORM for CINEFEST 32

Thursday, March 15 through Sunday, March 18, 2012

1.

YOUR NAME as you would like it to appear on your credential / Affiliation (optional)

List below the names of additional registrants in your party for whom you are paying

2. Name of person number two as it is to appear on the credential / Affiliation (optional)

Names of persons 3, 4, etc. List additional registrants on the back of this form

TOTAL NUMBER OF REGISTRANTS _____

4-DAY REGISTRATION - TOTAL NUMBER OF REGISTRANTS ___ x \$85.00 each = \$ _____

Pre-registration postmarked before February 29, 2012 entitles you to a special discount Total number of registrants ___ x \$10.00 discount each = \$ _____

4-DAY REGISTRATION TOTAL = \$ _____

SPECIAL SATURDAY 35MM SCREENINGS are at the **Palace Theatre** in Eastwood and require a **SEPARATE REGISTRATION FEE** which includes round-trip bus service.

BUS SERVICE - YES/NO Pre-registration suggested.

TOTAL NUMBER OF REGISTRANTS ___ x \$25.00 each = \$ _____

Daily Admission ONLY \$30.00 per day/per person (does not include Palace Theatre) = \$ _____

Circle the days you will be attending **THU FRI SAT SUN**

Dealers ONLY \$85.00 per table. Each **dealer** receives registration for him/her self to Holiday Inn program only. \$85.00 x number of tables ___ = \$ _____

GRAND TOTAL AMOUNT ENCLOSED = \$ _____

YOUR NAME

YOUR ADDRESS

City

State Zip

YOUR PHONE NUMBER

E-MAIL ADDRESS

Check or Money Order MUST be made out to CINEFEST. **Mail** to CINEFEST, PO Box 279, Manlius NY 13104-0279. All registration credentials/tickets will be held for pick-up at CINEFEST registration table which will open beginning 7:00PM Wednesday evening.

10/02/2011