

BERKSHIRE INTERNATIONAL FILM FESTIVAL

2019 Filmmaker Summit Application

Name: _____

Address: _____

Preferred Phone: _____

E-mail: _____

Age: _____

School You are Currently
Attending and Year if applicable: _____

Other Relevant Educational or
Professional Background: _____

Tell us about yourself and why you
are interested in attending the
Filmmaker Summit
(200 words or less)

Please call 413.528.8030 to let us know you are interested in attending and to hold your place. Attendance is limited and on first-come first served basis.

Return this form to: BIFF, P.O. Box 237, Great Barrington, MA 01230. Please include a check in the amount of \$800 (\$1,000 if purchasing the filmmakers pass) made payable to: "The Berkshire International Film Festival."

To pay by credit card, please call: 413.528.8030.