

2008 Austin Film Festival:
Screenplay Coverage Request Form

Print the following form and submit it with an **UNBOUND** copy of your screenplay and \$100 payment.

Applicant Name: _____

Company Name: _____

Address: _____

City, State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-mail: _____

Title of Script: _____

How did you hear about the AFF Coverage Program? _____

Method of Payment: Select card type:

Visa

Mastercard

Amex

Discover

Check/Money Order

Name on card: _____

Card Number: _____

Card # Exp. Date: _____

Signature: _____

Please make checks or money orders payable to: Austin Film Festival.

Return this signed, completed form, along with your coverage fee and **UNBOUND** copy of your screenplay to:

Austin Film Festival
ATTN: Coverage Program
1145 W. 5th Street Suite 210
Austin, TX 78703
Tel: 512.478.4795
Fax: 512.478.6205
www.austinfilmfestival.com