



ACCREDITATION FORM - GUEST

Name:

Address:

City & country:

Phone:

E-mail, website:

PROFESSIONAL FIELD

Author:

Production:

Distribution:

Festival:

University:

STAY IN ZAGREB

Arrival (date, time):

Departure (date, time):

Staying in:

hotel (organized by the festival)

private accommodation/hotel (self-organized, address):

Fill out the form and send it by September 12th 2024 via e-mail to:
hospitality@25fps.hr.