

Registration for Orphans 6

March 26-29, 2008
New York University
WWW.NYU.EDU/ORPHANFILM

Name: _____

Title or affiliation: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Special needs? Dietary restrictions?

Please post mail, fax or email this form with payment info:

Orphans 6 Registration
Prof. Dan Streible
Cinema Studies Dept.
New York University
721 Broadway 6th Floor
New York, NY 10003

Email: *dan.streible@nyu.edu*
Voice: (212) 992-9342 / (212) 992-8225
Fax: (212) 995-4061

Registration fee: \$250 before January 6, 2008 (\$300 after that).

Payment method:

Check / Money Order - please make checks payable to "NYU Cinema Studies"

Credit Card - Card number _____

Expiration Date _____ MC; Disc; Amex; Visa

Card holder name _____

Authorizing Signature (**required**) _____

Office use only

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