



**FDCP NATIONAL REGISTRY  
FILM FESTIVAL ACCREDITATION FORM**

Film Festival Name:						
Business Address:	<i>Unit no./House no.</i>	<i>Condominium/Village</i>	<i>Street</i>	<i>District</i>	<i>City</i>	<i>Postal Code</i>
Contact Number/s:			Fax Number:			
Email Address:			Website:			
Authorized Representative/s:						
Contact Number/s:			Email Address:			

**PLEASE SUBMIT THE FOLLOWING ATTACHMENTS:**

- Festival Mechanics with Briefer
- Certificate of Incorporation (Certified True Copy)
- List of Board of Directors and Committees
- LGU Endorsement/ Film Community Endorsement
- Festival Location Map
- Official Hi Res Logo
- List of Films Featured in the Past 3 Years (for Festivals existing for more than three years)

Submitted by:	Received by:	Approved by:
_____ Signature Over Printed Name / Date	_____ Signature Over Printed Name / Date	_____ Signature Over Printed Name / Date
Festival Representative	National Registry Officer	Executive Director / National Registry