

Please return completed form and registration fee to:

36th
ANNUAL

2013 IWFF
Festival
Registration



INTERNATIONAL WILDLIFE FILM FESTIVAL (IWFF)

718 S. Higgins Ave., Missoula, MT, 59801 USA

Contact us if you have any questions or need for more information:

Tel: (406) 728-9380 / Fax: (406) 728-2881

E-mail: iwff@wildlifefilms.org

Web: www.wildlifefilms.org

For information on accommodations in Missoula, MT, USA:

<http://www.wildlifefilms.org/montana/index.html>

Thank you for writing legibly and completely filling out this form.

First Name _____ Last Name _____

Organization _____ Title _____

Mailing Address _____

City and State/Province _____ Postal Code and Country _____

Telephone _____ Fax _____

E-mail _____ Website _____

Arrival Date/Time _____ Departure Date/Time _____

Airline _____ Accommodations _____

IWFF, MISSOULA, MONTANA REGISTRATION FEES, APRIL 27-MAY 4, 2013:

FULL FESTIVAL DELEGATE PASS (8 days includes all hosted meals, events, and Tarkio Retreat):

◊ Before April 1, 2013 (fax, phone or email by 5 pm): \$400/each _____

◊ After April 1, 2013: \$450/each _____

◊ Student (must enclose copy of valid Student ID): \$250/each _____

DAILY PASS (single day/evening event): \$100/each _____

Please specify which dates/events _____

EVENING EVENT ONLY PASS OR GUEST EVENING PASS: \$40/each _____

Name of Guest(s) _____ US \$ _____

SUBTOTAL

My check is enclosed.....Total: US \$ _____

My fee has been paid via PAYPAL to iwff@wildlifefilms.org.....Total: US \$ _____

I have wired my Registration FeeTotal: US \$ _____

Add US \$20 for transfers outside the U.S. to cover service charges: DATE WIRED:

Please charge the Registration Fee to my credit card. **Number will remain confidential.**
(Visa or Mastercard ONLY, 1% credit card service fee for all credit card transactions) total: US \$ _____

Credit Card # _____ Exp. Date _____ Billing Zip Code _____

Name as it appears on card _____ Signature _____