

Registration for Orphans 7

Symposium organized by New York University
and held at the Visual Arts Theater
333 W. 23rd St., New York, NY
April 7-10, 2010

Name: _____

Affiliation: _____

Address: _____

Telephone: _____

E-mail: _____

* The above information will be included in a directory of all attendees, which all attendees will receive after the symposium.

Special needs? Dietary restrictions?

Post, fax or e-mail this form, with payment info, to:

**Orphan Film Symposium registration
Dept. of Cinema Studies
NYU Tisch School of the Arts
721 Broadway, 6th floor
New York, NY 10003**

E-mail: Jeff.Richardson@nyu.edu

Fax: (212) 995-4061; voice (212) 998-1649

Registration fee: \$250 (if paid in 2009; \$300 after.
(Half-price for students and the underemployed.)

Payment method:

Check: *Please make payable to "NYU Cinema Studies."*

Credit Card number: _____

Expiration date: _____ MC Visa Disc Amex

Print card holder's name: _____

*I authorize New York University to charge \$_____ to the
credit card listed above.*

Signature: _____