



12th CHENNAI INTERNATIONAL FILM FESTIVAL

18-25 December 2014

DELEGATE REGISTRATION FORM (Students/Film Industry)

First Name : _____

Surname : _____

Occupation : _____

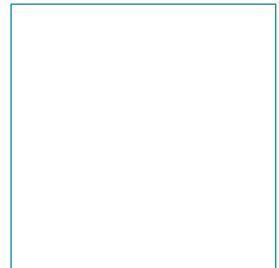
Mobile : _____

E-mail : _____

Address : _____

City : _____ State / Province : _____

Country : _____ Zip Code : _____



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**Indo Cine Appreciation
Foundation**

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