

**26. MFFD OFF CINEMA 18-23.10.2022, POZNAŃ**

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| --- |
| **GUEST ACCREDITATION** **FORM** |
| *Surname:* |  |
| *Name:* |  |
| *Phone number:* |  |
| *E-mail:* |  |
| *Country:* |  |
| *Special diet (e.g. vege,**vegan, gf, etc.):* |  |
| *Date of arrival:* |  |
| *Date of departure:* |  |
| *Number of nights:* |  |
| ***Please select the days on which you will be participating in the Festival:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***18*** | ***19*** | ***20*** | ***21*** | ***22*** | ***23*** |
|  |  |  |  |  |  |

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**Guest contact:**

Dawid Skórzybut

offcinema@ckzamek.pl

+48 514 878 959