



Media Credential Application

Date: _____

Organization Requestor Information:

First Name: _____

Last Name: _____

Job Title: _____

Organization Name: _____

Radio

TV

Print

Internet

Phone Number: _____

E-mail Address: _____

Organization's Web Address: _____

Type of Coverage Requested: B-Roll Interview Feature Story

Organization Attendee Information:

First Name: _____

Last Name: _____

Job Title: _____

Organization Name: _____

E-mail Address: _____

Name of the Assignment Desk Editor: _____

Assignment Desk Editor's E-mail Address: _____