



MEDIA ACCREDITATION REQUEST FORM

Name: _____

Address: _____

City, State/Country, Zip Code: _____

Office #: _____

Cell: _____

Email: _____

Please mark next to the appropriate title:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Critic | <input type="checkbox"/> Freelance | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Writer/Reporter | <input type="checkbox"/> Publisher | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Editor | <input type="checkbox"/> Photographer | <input type="checkbox"/> On-Air Host |
| <input type="checkbox"/> Other: | | |

Name of Publication/Outlet: _____

Please mark next to type of media:

- | | | |
|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Website | <input type="checkbox"/> Network TV or Cable |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | |
| <input type="checkbox"/> Other: | | |

Published/Program Times & Dates: _____
(Daily, weekly, monthly, special edition, etc.)

Market: _____
(City, State, Region or Country)

Circulation/Viewership/Listenership _____

PLEASE EMAIL THIS FORM BY APRIL 10 TO:
communications@ashlandfilm.org