MEDIA ACCREDITATION REQUEST FORM

Name:

Address:

City, State/Country, Zip Code:

Office #: Cell:

Email:

Please mark next to the appropriate title:

___ Critic
___ Writer/Reporter
___ Editor
___ Other:

___ Freelance
___ Publisher
___ Photographer
___ Other:

Name of Publication/Outlet:

Please mark next to type of media:

___ Magazine
___ Newspaper
___ Other:

___ Website
___ Radio
___ Other:

___ Network TV or Cable

Published/Program Times & Dates: ________________________________

(Daily, weekly, monthly, special edition, etc.)

Market: __________________________________________________________

(City, State, Region or Country)

Circulation/Viewership/Listenership ________________________________

PLEASE EMAIL THIS FORM BY MARCH 31 TO:

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