



Press Accreditation Form

Name: _____

Name of Publication/Press

Outlet: _____

Please write or type an "X" by your type of Publication/Press outlet below:

Magazine

Newspaper

Website

Radio

Network TV or Cable

Other: _____

Published/Program times and dates

(ie. Daily, weekly, monthly, special edition): _____

Market (Give city, state, region or country): _____

Circulation/Viewership/Listenership: _____

(For websites/blogs) Unique Visitor's Per Month: _____

Please write or type an "X" by your appropriate below:

Video Camera Operator

Freelance

Writer/Reporter

Other

Critic

Producer

Publisher

Blogger

On-Air/Host

Photographer

Address: _____

City, State, Zip:

Telephone: _____ Mobile: _____ Fax: _____

Email: _____ Web: _____

Signature: _____

Date: _____

Please return this form by *September 28, 2010* via email to:

press@royalflushfestival.com