



## 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 *October 1, 2009* via email to:

[press@royalflushfestival.com](mailto:press@royalflushfestival.com)