



**MEDIA CREDENTIAL REQUEST**

Please list the information for the individual submitting the media credential request. Please print clearly to ensure accuracy.

YOUR NAME/TITLE \_\_\_\_\_  
MEDIA AFFILIATION \_\_\_\_\_  
MEDIA OUTLET WEB SITE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

Please list the information for the individual(s) that you are requesting the media credentials for (check all that apply).

**PRESS CREDENTIAL REQUESTED**

NAME:  
PHONE:  
EMAIL:

NAME:  
PHONE:  
EMAIL:

**PHOTOGRAPHY CREDENTIAL REQUESTED**

NAME:  
PHONE:  
EMAIL:

If you have any special requests, please contact Erroll Reese at (800)737-5307, ext.8. or 919-697-1149 cell

**FAX completed request to ( 919) 321-1774**