



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) 855- 9604 or email to erroll@ncproam.com

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