



**Press Credential Application Form
ASCAP Latin Music Awards
Tuesday, March 20, 2012**

Submission Date _____ Requested by _____

Address _____

City _____ State _____ Postal Code _____

Telephone: Office _____ Cell _____

Email _____ Fax _____

Outlet Name _____

Distribution Regional National International Frequency Daily Weekly Monthly Quarterly Other

Print Newspaper Magazine Other Circulation/Viewership _____

Online: URL _____

TV: Program _____ Network _____ Call Letters _____

Radio: Program _____ Call Letters _____

Please complete a separate credential request box for each member of your outlet, and indicate his or her functions.
If you need additional credential request boxes, please print additional copies of this form.

CREDENTIAL REQUEST #1		
First Name		
Last Name		
<input type="checkbox"/> Print Reporter	<input type="checkbox"/> Online Reporter	<input type="checkbox"/> Still Photographer
<input type="checkbox"/> Television / Video Crew	<input type="checkbox"/> Radio Producer / DJ	<input type="checkbox"/> Equipment Technician

CREDENTIAL REQUEST #2		
First Name		
Last Name		
<input type="checkbox"/> Print Reporter	<input type="checkbox"/> Online Reporter	<input type="checkbox"/> Still Photographer
<input type="checkbox"/> Television / Video Crew	<input type="checkbox"/> Radio Producer / DJ	<input type="checkbox"/> Equipment Technician

Briefly describe your intended type of coverage: _____

As a condition of receiving credentials to the 2012 ASCAP Latin Music Awards, I agree to send tear sheets or a copy of my coverage as soon as possible following the event.

PLEASE RETURN THIS FORM TO:

Include sample publication with previous or comparable coverage

Creativelink, Inc. -- Attn: Blanca Lasalle
5900 Arlington Avenue 9W
Riverdale NY 10471
Tel: 212-684-6001 Fax: 212-684-6055