



**Press Credential Application Form
ASCAP New York Sessions
March 31, 2011**

Submission Date _____ Requested by _____

Address _____

City _____ State _____ Postal Code _____

Telephone: Office _____ Cell _____

Email _____ Fax _____

Outlet Name _____ Website _____

(Please indicate the outlet name that you are covering for)

Type of Outlet: Print: Newspaper Magazine Other Online: URL _____

TV: Program _____ 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 2011 ASCAP New York Sessions, 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

**Kelly MacGaunn
Bobbi Marcus PR & Events, Inc.
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Los Angeles, CA 90049**

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