



**Press Credential Application Form
ASCAP Pop Music Awards
April 18, 2012**

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 press credentials to the 2012 ASCAP Pop 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

Kelly MacGaunn
Bobbi Marcus PR & Events, Inc.
131 North Bundy Drive
Los Angeles, CA 90049

Tel: 310-889-9200 Fax: 310-889-0019 Email: kelly@bobbimarcuspr.com