



APPLICATION FOR PRESS CREDENTIALS

PLEASE PROVIDE CONTACT INFO

Name of Outlet: _____
Circulation / MAUs / Viewers / Listeners: _____
First Name: _____ Last Name: _____
Job Title _____
Phone: _____
Email: _____
Sessions Attending: _____

PLEASE SPECIFY YOUR CREDENTIAL REQUESTS

Type: Full Name(s) (Please include all) _____
Print Reporter _____
Still Photographer _____
Video Crew _____
Online Reporter _____
Blogger _____
Radio Talent _____

Please summarize your coverage plans:



SEND THIS FORM (and copy of media credentials) VIA EMAIL TO:

mnavarro@latinocorporatedirectors.org

wsturley@latinocorporatedirectors.org

cjoge@latinocorporatedirectors.org

Once approved you will be given event access.

PLEASE NOTE: Credential requests must be received no later than 2 days prior to the event. No credential requests will be accepted late or on site.