



MEDIA CREDENTIAL FORM

Media:

Address:

City:

Province:

Postal code:

Website:

Type of media

Television

Magazine / Weekly

Radio

Web

Daily

News agency

Credential requested for:

First & Last name:

Title (function):

Phone:

Cell phone:

Email:

First & Last name:

Title (function):

Phone:

Cell phone:

Email:

Attendance at the event

Friday, May 24

Saturday, May 25

Sunday, May 26

Assignment / Coverage plans (please describe)
