



MEDIA CREDENTIALS REQUEST

Contact: Isidra Person-Lynn (323) 295-7911 Fax credential form by Sept. 5, 2004 to 323.295-7913 or via email at **Isidra@prperson.com**

CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

AFFILIATION _____

TYPE OF MEDIA OUTLET: PRINT TV RADIO INTERNET

POSITION: CRITIC/REPORTER EDITOR/PRODUCER

PHOTOGRAPHER CAMERA OPERATOR

CIRCULATION/VIEWERSHIP _____

FREQUENCY: DAILY WEEKLY MONTHLY

DID YOU ATTEND IN 2003? YES NO

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Please summarize your planned event coverage:

PLEASE NOTE: Email address MUST BE INCLUDED!

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