



MEDIA CREDENTIAL FORM

PLEASE FILL OUT ONE FORM PER PERSON TO BE ACCREDITED

LAST NAME _____ FIRST NAME _____

AFFILIATION _____

TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

EMAIL _____ WEBSITE _____

TELEPHONE _____ FAX _____

MEDIA TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Rights-Holding Broadcaster | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> National TV (non-rights holding) | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Local or Regional Television | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Newspaper, Daily | <input type="checkbox"/> Freelance Journalist |
| <input type="checkbox"/> Newspaper, Weekly | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Videographer | <input type="checkbox"/> Other, explain _____ |

NOTE: There will be designated media access zones at all venues.

Please return completed forms or
direct inquiries to David Roth at:
DaRoth@coppercolorado.com
or fax to: 970.968.3155

