

PRESS ACCREDITATION REQUEST FORM

PRESS PASS HOLDER INFORMATION: (one applicant per request form)

Applicant's Signature: _____ Date: _____
(If done electronically, please type name)

PLEASE EMAIL OR FAX THIS FORM BY MARCH 7, 2008 TO:
Michael DeVous Jr., Publicity Coordinator, AFI DALLAS 2008
Email: festpress@AFIDALLAS.com Fax: 214-720-0551

Please place check next to the appropriate title:

Camera Freelance Producer Other
 Critic On-Air Host Publisher
 Editor Photographer Writer/Reporter

*Must be accompanied with a letter of commitment from the assigning editor/producer

Name of Publication/Outlet: _____

Please place check next to type of media:

Magazine Network TV or Cable Website
 Newspaper Radio

Other:

Circulation/Viewership/Listenership numbers: _____

Planned Coverage: (Features, overview, film reviews, daily blog, etc.)

Please place check next to all that apply:

African -American Urban Documentary Latin -American
 Asian -American Digital Gay & Lesbian Other

Name: _____

Address: _____

City, State/Country, Zip Code: _____

Telephone: Office: _____ Cell: _____

Fax: _____ E-mail: _____

Best way to reach you? _____