



December 11-12, 2009

## 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:

[DaRoth@CopperColorado.com](mailto:DaRoth@CopperColorado.com)

Or fax to: 970.968.3155

