

INDIE SERIES AWARDS

Company Name:

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

Outlet Type: (check one box only)

- Newspaper Magazine Newsletter Website/Blog (provide URL):
 TV Radio Photo Agency Newswire

Briefly describe your intended type of coverage:

Please complete a separate credential request box for each member of your outlet, and indicate his or her functions. If you need additional credential request boxes, please print additional copies of this form.

CREDENTIAL REQUEST #1		
Name		
Cell Phone Number		
<input type="checkbox"/> Print Reporter	<input type="checkbox"/> Online Reporter	<input type="checkbox"/> Still Photographer
<input type="checkbox"/> Television / Video Crew	<input type="checkbox"/> Radio Producer / DJ	<input type="checkbox"/> Equipment Technician

CREDENTIAL REQUEST #2		
Name		
Cell Phone Number		
<input type="checkbox"/> Print Reporter	<input type="checkbox"/> Online Reporter	<input type="checkbox"/> Still Photographer
<input type="checkbox"/> Television / Video Crew	<input type="checkbox"/> Radio Producer / DJ	<input type="checkbox"/> Equipment Technician

PLEASE RETURN THIS COMPLETED FORM BY MARCH 20, 2019 TO:

ENVEPR@gmail.com