



**Press Credential Application Form
ASCAP "I Create Music" EXPO
April 22-24, 2010**

Submission Date _____ Requested by _____

Address _____

City _____ State _____ Postal Code _____

Telephone: Office _____ Cell _____

Email _____ Fax _____

Outlet Name _____ Website _____

(Please indicate the outlet name that you are covering for)

Type of Outlet: Print: Newspaper Magazine Other Online: URL _____

TV: Program _____ Call Letters _____

Radio: Program _____ Call Letters _____

*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 | | |
|--|--|---|
| First Name | | |
| Last Name | | |
| <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 | | |
|--|--|---|
| First Name | | |
| Last Name | | |
| <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 |

Briefly describe your intended type of coverage: _____

As a condition of receiving credentials to the 2010 ASCAP "I Create Music" EXPO, I agree to send tear sheets or a copy of my coverage as soon as possible following the event.

PLEASE RETURN THIS FORM TO:

Include sample publication with previous or comparable coverage

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