

Las Vegas Film Festival-April 9-12, 2009

Press Credential Application Form

Contact Information: (Please complete one application per person)

Name: _____

Title: _____

Address: _____

City, State, Zip _____

Phone number: Office _____ Mobile _____

E-mail: _____

Dates Attending: _____

Publication/Outlet Information:

Publication/Outlet: _____

Market: _____ Media type: _____

Frequency: _____ Circulation: _____

Editor/Producer: _____

Phone number: _____

E-mail: _____

Address (if different from above) _____

Additional Publication/Outlet _____

Market: _____

Additional Publication/Outlet _____

Market: _____

Type of coverage planned: (Please briefly describe focus of stories/interviews/photos and length of coverage)

AS A CONDITION OF RECEIVING CREDENTIALS TO THE 2009 LAS VEGAS FILM FESTIVAL, I AGREE TO SEND TEAR SHEETS OR COPIES OF MY PHOTOS OR COVERAGE AS SOON AS POSSIBLE AFTER THE FESTIVAL.

X _____

Applicant signature

X _____

Date

Please submit the completed application form by Friday, April 3, 2009 to:

Susan Dons, The Ferraro Group

E-mail: Susan@TheFerraroGroup.com

Fax: (702)367-7773

*If you have any questions on this form, please call (702)367-7771