



REQUEST FOR 2009  
EVENT CREDENTIAL

**USE ONE FORM PER PASS REQUESTED**

**TO BE RETURNED BY FAX TEN DAYS PRIOR TO EVENT  
WITH COMPLETE FILE AS IN "D"**

A

**PUBLICATION / AGENCY:** .....

**COUNTRY:**.....

**ADDRESS:**.....

.....

**CITY** ..... **ZIP CODE** .....

**TELEPHONE: +** ..... **TELEFAX: +**.....

**CHIEF/SPORTS EDITOR** (please mark accordingly): .....

**TELEPHONE: +** ..... **TELEFAX: +**.....

**EMAIL:** .....

**CIRCULATION:**..... **READERSHIP:**.....

**DAILY**  **WEEKLY**  **MONTHLY**  **OTHER**  .....

B

**PASS REQUESTED TO ATTEND EVENT**.....

**JO**  **PH**  **JO/PH**  **TECH**

**NAME OF REPRESENTATIVE:**.....

**TELEPHONE: +** ..... **TELEFAX: +** .....

**EMAIL:** .....

**NOTE:**

