

# NYTVF

## NEW YORK TELEVISION FESTIVAL

### REQUEST FOR MEDIA ACCREDITATION APPLICATION (\*\*one application per person\*\*)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Office) \_\_\_\_\_ Telephone (Mobile) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Dates Attending \_\_\_\_\_

Affiliation/Outlet \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

#### OUTLET PROFILE

Distribution  Regional  National  International Circulation/Viewership: \_\_\_\_\_

Frequency  Daily  Weekly  Bi-Weekly  Monthly  Bi-Monthly  Quarterly  Other

Print:  Newspaper  Magazine

TV: Program \_\_\_\_\_ Network \_\_\_\_\_ Call Letters \_\_\_\_\_

Radio: Program \_\_\_\_\_ Call Letters \_\_\_\_\_

Audience \_\_\_\_\_

Wire Service:  News  Photo  Entertainment

Online: URL \_\_\_\_\_ Visitors per month \_\_\_\_\_

**\*\*\*All request forms for press accreditation must be returned with the following information\*\*\***

- An assignment letter on company letterhead from an editor, producer, or program director that states the intention to publish/air your reports.

*As a condition of receiving credentials to the New York Television Festival, I agree to send tear sheets or a copy of my coverage as soon as possible following the festival.*

**Applicants Signature (not needed if submitting using email)**

**Date**

**Please return this form by September 5, 2006 to:**

NY Television Festival Press Office, 1345 Avenue of the Americas, 30<sup>th</sup> Floor, NY, NY 10105-0109  
Phone: (212) 843-9355 Fax: (212) 843-9380 Email: TVFestival@Rubenstein.com

*You will be notified of your credential status by September 7, 2006*