



16th Annual UNIFEST Multicultural Celebration Media Credential Request Form

Please return this Form by May 17, 2010

Press/Media Organization: _____

Call Letters: _____ Dial/Channel _____ Format: _____

Publications/Newspapers /News Letters _____ Frequency _____

Address: _____

City/State/Zip: _____

MEDIA PERSONNEL	TITLE/DUTY	EVENT/ DATES ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

Organization agrees that UNIFEST Media Credentials will be used per the following:

1. For working media only. Must be a paid employee of organization and over 18.
2. Allow access to events associated with UNIFEST. Although every effort is made to provide optimum working space to pre-approved media, meals and seating are not provided.
3. Allows access to performers back stage and to the Sponsors; Elected Officials and Dignitaries at the VIP Hospitality Tent Area.
4. **Will send a copy of our coverage**, at our expense, of UNIFEST to GCAC Coalition President, at P.O. Box 17573, Plantation, FL 33318 **by June 30th, 2010.**
5. Must wear the issued UNIFEST Media Credential visibly on self at all time.
6. Once on site, any person/entity found not following UNIFEST rules and/or media rules will have credentials revoked and will be escorted from the event.

As an authorized representative of the above stated organization, I agree that those persons listed on this Media Credential Request Form will abide by the above stated conditions or risk having their credentials revoked.

Signature: _____ Date: _____
(must be a principal authorized representative, e.g. news director, editor)

Print or type name and title clearly: _____

Please include at least one of the items below with your request form and check below:

Recent copy of publication Business Card