

MEDIA CREDENTIAL REQUEST FORM

Name:	
Title:	
Media Outlet:	
Address:	
Phone:	Fax:
email:	
Date of anticipated arrival:	
If you are a freelance journalist, p confirmation on status of media o	please include a letter of assignment and call for credential.
Additional Passes Requested:	
Name:	Affiliation:
	Affiliation: Affiliation:
Name:	
Name:Name:Name:Name:Name:Name:Name:Name:Name:	Affiliation:

For additional information, please contact Liquid Blue Events: 775.851.4444 or by email at pr@liquidblueevents.com

^{*}space is limited- please do not request a media credential unless you are planning on attending.