



CREDENTIAL FORM

For the use of press room staff : ACC RCPTN FM EX

ORGANIZATION CONTACT INFORMATION

All fields must be completed. For freelancers, please indicate your personal office information.

Media Affiliation/Organization:	
Name of Editor/Director:	
Address:	
City:	Phone:
Province / State:	Cell Phone:
Country:	Fax:
Postal / Zip Code:	Email:
Website:	Twitter:

Please check all categories that apply to your organization:

Press agency	<input type="checkbox"/>	Video	<input type="checkbox"/>
Daily / Weekly Newspaper	<input type="checkbox"/>	TV – Program	<input type="checkbox"/>
Magazine	<input type="checkbox"/>	TV – News	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Radio	<input type="checkbox"/>
Other (please specify):Internet	<input type="checkbox"/>	Blog	<input type="checkbox"/>

Please check all your organization will be covering:

World Cup – SBX (Feb 21st)	<input type="checkbox"/>	World Cup – BA (Feb 25)	<input type="checkbox"/>
World Cup – PGS (Feb 22)	<input type="checkbox"/>	World Cup – SBS (Feb 26)	<input type="checkbox"/>
World Cup – HP (Feb 23)	<input type="checkbox"/>	Stairmasters – (Feb 25)	<input type="checkbox"/>

Credentials requested for:

Name:	Cell Phone:
Title:	Email:
Arrival/departure Date:	Twitter:
Name:	Cell Phone:
Title:	Email:
Arrival/departure Date:	Twitter:
Name:	Cell Phone:
Title:	Email:
Arrival/departure Date:	Twitter:
Name:	Cell Phone:
Title:	Email:
Arrival/departure Date:	Twitter:

FREELANCERS

*Freelancers: please indicate the name(s) of the magazine(s) or website(s) you will be working for during the event.

Media names :

MEDIA COVERAGE

Gross circulation of your media:

Will you mail us a copy of all issues containing reference to this event?

YES **NO**

Please let us know when we should expect a copy of your work (which month):

Please mail to:

Corporation Coupe du Monde de surf des neiges Québec Inc.

c/o Press Room

1000, boul Beau-Pré

Beaupré, Québec, Canada G0A 1E0

Please check any special requirements you might have for the press room:

Telephone		Partial access to a computer with Internet access	
Fax		Printer access	

SPECIAL REQUESTS:

Signature:

Date:

Thank you for completing the request form.
For further information: www.velirium.com / mcdaoust@gestev.com