## **Media Credential Application**

## Nonprofit Event

Media Outlet / Organization	
Opposite of the Well wife	
Organization Website	
Einst Name	
First Name	
Last Name	
Email Address	
Phone Number	
Role	
Noie	•
Type of Coverage	
Type of Governage	
Event(s) to Cover	
Eveni(3) to cover	
Media Outlet Address	
City	
Obsta/Davidana	
State/Province	
ZIP/Postal Code	
Previous Event Coverage (if any)	