



PRESQUE ISLE, MAINE, USA
MEDIA ACCREDITATION REGISTRATION

Name: First _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Driver's License Number: _____

Address: _____ City, State, Zip: _____

Telephone: Home _____ Cell _____

Employer: _____ Email: _____

Employer Address: _____

Position:(circle) Journalist-Photographer-Editor-Camera-Reporter-Other
Specify: _____

Required equipment in media room: Internet-Copier-Fax-Printer-Other
Specify: _____

Lodging and Transportation to Venue is the responsibility of media persons.

Presque Isle Contact: Jason Parent, Chief of Media and Promotion
(Cell) 207-551-5784 (Email) jparent@tamc.org

Date: _____ Signature: _____

Please return form by February 10, 2014