

MEDIA ACCREDITATION APPLICATION

Please return completed form to:
Susan Boyd, Infront Communications Email: sboyd@infrontcommunications.com.au or facsimile: 07 4948 1700

Contact Details

Surname: _____ Given Name: _____

Media Organisation: _____

Postal Address: _____

Suburb: _____ Postcode/Zip: _____ State: _____

Telephone (Business Hours): _____ Mobile: _____ Fax: _____

Email Address: _____

Publication Information

Type:

- | | | |
|------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |

Frequency:

- | | | |
|---------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | |

During the event, how often do you plan to file a story?

- | | | |
|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 3 Times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Every second day | <input type="checkbox"/> Twice | <input type="checkbox"/> Never |

Brief description of your publication/programme: _____

Circulation/Audience Size: _____ Approx Publication Date: _____

Details of your anticipated story angles: _____

Are you a freelancer/staff writer?

(A letter of commission verification is required from freelance reporters)

- | | |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Freelance | <input type="checkbox"/> Staff |
|------------------------------------|--------------------------------|

Do you require PC access in the media centre?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Will you need to hook up a lap top in the media centre?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Will you require any special facilities in the media centre?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Will you be requiring access to media boats?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Please list any other considerations/requests: _____

