

Telluride Film Festival

PRESS ACCREDITATION REQUEST FORM

Name: _____
Address: _____
City, State/Country, Zip Code: _____
Office #: _____ Cell: _____
Email: _____

Please mark next to the appropriate title:

<input type="checkbox"/>	Critic	<input type="checkbox"/>	Freelance	<input type="checkbox"/>	Camera
<input type="checkbox"/>	Writer/Reporter	<input type="checkbox"/>	Publisher	<input type="checkbox"/>	Producer
<input type="checkbox"/>	Editor	<input type="checkbox"/>	Photographer	<input type="checkbox"/>	On-Air Host
<input type="checkbox"/>	Other	_____			

Name of Publication/Outlet _____

Please mark next to type of media:

<input type="checkbox"/>	Magazine	<input type="checkbox"/>	Website	<input type="checkbox"/>	Network TV or Cable
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Radio		
<input type="checkbox"/>	Other	_____			

Published/Program Times & Dates: _____
(Daily, weekly, monthly, special edition, etc.)

Market: _____
(City, State, Region or Country)

Circulation/Viewership/Listenership _____

PLEASE EMAIL OR FAX THIS FORM BY AUGUST 1 TO:
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