



**Press Credential Application
August 25th -28th 2011**

Please complete one application per person including all crew members.

CONTACT INFORMATION

Name: _____
Title: _____
Address: _____
City, State Zip: _____
Phone: _____
Email: _____

PUBLICATION/OUTLET INFORMATION

Primary Publications/Outlet: _____

(please circle): **NEWSPAPER MAGAZINE**

Frequency (please circle): Daily Weekly Bi-Weekly Monthly Quarterly Other

Distribution (please circle): Regional National Circulation: _____

TV

Distribution (please circle):
Regional / National Call Letters: _____

Network: _____
Program Name: _____

RADIO

Distribution (please circle): Regional National
Program Name: _____

DIGITAL

URL:

Editor/Producer:

Market:

Avg. number of unique monthly visitors:

WIRE SERVICE (please circle)

Photo News Entertainment Local National International

TYPE OF COVERAGE

Briefly describe stories and length of coverage.

As a condition to receiving credentials to the Pastry Live 2011 National Showpiece Championships I agree to send tear sheets or a copy of my coverage as soon as possible following the event.

Applicant's Signature:

Date:

PLEASE RETURN THIS FORM BY **JULY 18, 2011**

Via email : press@showpiecechampionship.com

Or via mail at

Pastry Live Press credential
C/O Paul Bodrogi
4781 Nandina Ct
Acworth, Ga.
30102

YOU WILL BE NOTIFIED OF YOUR CREDENTIAL STATUS BY August 1st, 2011