

**SAN LUIS OBISPO INTERNATIONAL FILM FESTIVAL
MEDIA CREDENTIAL APPLICATION**

14th Annual San Luis Obispo International Film Festival: Mar. 7 – Mar. 16, 2008

(Please complete one application per person)

CONTACT INFORMATION

Name: _____
Title: _____
Address: _____
City, State/Country, Zip Code: _____
Telephone: Office _____ Mobile _____
Fax: _____
Email: _____ Dates Attending: _____

PUBLICATION/OUTLET INFORMATION (If some lines are not applicable, please leave blank)

Primary Publication/Outlet: _____
Market: _____ Media Type: _____
Frequency: _____ Circulation: _____
Editor/Producer: _____
Telephone: _____
Address (if different than above): _____

Additional Publication/Outlet: _____
Market: _____
Additional Publication/Outlet: _____
Market: _____

TYPE OF COVERAGE (Briefly describe focus of stories/interviews/photos and length of coverage)

AS A CONDITION OF RECEIVING CREDENTIALS TO THE 2008 SAN LUIS OBISPO FILM FESTIVAL, I AGREE TO SEND TEAR SHEETS OR COPIES OF MY PHOTOS OR COVERAGE AS SOON AS POSSIBLE FOLLOWING THE FESTIVAL.

Applicant's Signature Date

PLEASE RETURN THIS FORM BY MARCH 6, 2008 TO:
Media Application
c/o San Luis Obispo International Film Festival
P.O. BOX 1449 • San Luis Obispo, CA 93406
PHONE/FAX: (805) 546-3456

IF YOU WOULD LIKE TO SUBMIT THIS ELECTRONICALLY,
PLEASE EMAIL: festivaldirector@slofilmfest.org

