

2011 LONG BEACH GOSPEL FEST
MEDIA/PRESS ACCREDITATION APPLICATION

NAME: _____ TITLE: _____

EMAIL: _____@_____._____

NAME OF MEDIA OUTLET/PUBLICATION: _____

FREELANCE: YES NO

BUSINESS ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ POSTAL: _____

ASSIGNMENT EDITOR'S NAME: _____ PHONE: _____

PREVIOUSLY ATTENDED Long Beach Gospel Fest AS A PROFESSIONAL JOURNALIST?

Type of Press: (Check all boxes that apply)

PRINT MEDIA: *Daily* *Weekly* *Bi-Weekly* *Monthly* *Quarterly* *Other* _____
Form: *Newspaper* *Magazine* *Other, please describe:* _____
Distribution: *Regional* *National* *International*
Circulation: _____ (approximately number of copies)

TELEVISION MEDIA: *Regional* *National* *International*
Call Letters: _____ Network: _____
Viewership: _____ Program Name: _____

RADIO: *Regional* *National* *International*
Call Letters: _____ Network: _____
Audience: _____ Program Name: _____

WIRE SERVICE: *Photo* *News* *Entertainment*
Online/Internet URL: _____
Unique HITS per month: _____ HITS per month: _____

PLEASE RETURN THIS APPLICATION AND PHOTO NO LATER THAN **JULY 3rd, 2011** TO:

Public Relations & Marketing Dept.
Long Beach Gospel Fest
1535 Gundry Ave.
Long Beach, CA. 90804
Phone: 562-999-2450 Fax: 562-599-6048
Email: media@longbeachgospelfest.com

**** Special Note: Submission of this media credential request form
DOES NOT GUARANTEE admission into the press room at the Long Beach Gospel Fest