

Media Registration

General Information

First Name: _____ Last Name: _____
Publication: _____ Title: _____
Address: _____
City: _____ State / Providence: _____
Postal/ Zip Code: _____ Country: _____
Email: _____ Web Site: _____
Phone Number: () _____ Ext: _____ Fax: () _____

Type of Media

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="radio"/> Magazine | <input type="radio"/> Photo Agency | <input type="radio"/> News Wire |
| <input type="radio"/> Print/Newspaper | <input type="radio"/> Freelance | <input type="radio"/> TV (National/Regional) |
| <input type="radio"/> Broadcast | <input type="radio"/> Stylist | <input type="radio"/> TV (Cable) |
| <input type="radio"/> Internet | <input type="radio"/> Newsletter | |
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Media Outlet

- Trade Consumer
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