



# Media Credential Form

Complete the form and email it to Doug Carroll at [dcarroll721@hotmail.com](mailto:dcarroll721@hotmail.com)

Media Organization \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

Telephone (circle one) mobile or work \_\_\_\_\_

E-mail \_\_\_\_\_

Web site: (if applicable) \_\_\_\_\_

Type of Organization Represented

TV/Cable  Radio  Print  Web  Photo  Freelance \_\_\_\_\_

Other (name): \_\_\_\_\_

Note: If you are a freelancer, please provide name, e-mail, phone number, and name of hiring organization.

\_\_\_\_\_

List any specific media needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All requests must be submitted no later than April 12, 2017 to**

Doug Carroll, Media Director

Christie Clinic Illinois Marathon

Fax: 217/363-3163. E-mail: [dcarroll721@hotmail.com](mailto:dcarroll721@hotmail.com)

Phone: 480/213-0599

