



Media Credential Form

Complete the form and email it to Doug Carroll at 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 11, 2019 to

Doug Carroll, Media Director

Christie Clinic Illinois Marathon

Fax: 217/363-3163. E-mail: dcarroll721@hotmail.com

Phone: 480/213-0599

