

# 2006 ASHEVILLE FILM FESTIVAL

## MEDIA CREDENTIALS APPLICATION November 9 - 12, 2006

### CONTACT INFORMATION

Name:

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Title:

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Address:

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City, State, Zip:

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Phone:

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Email:

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### MEDIA INFORMATION

Publication/Outlet:

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Market:

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Media Type:

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Frequency:

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Circulation:

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Editor/Producer:

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Their Phone:

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### **FILMS & EVENTS I'D LIKE TO ATTEND:**

#### **First Choices**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

#### **Second Choices**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

*The Asheville Film Festival will attempt to accommodate all of your requests, however, the festival reserves the right to distribute tickets as deemed necessary by Festival Staff and Executive Committee. You will be notified in advance if we cannot accommodate any of the above requests.*

### **TYPE OF COVERAGE (Stories, Length, Any Special Requests)**

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### **RETURN THIS FORM BY OCTOBER 27, 2006 TO:**

Asheville Film Festival  
Press Credentials  
PO Box 7148  
Asheville, NC 28802  
Phone: (828) 259-5800  
Fax: (828) 259-5606

Please complete one application per person,  
including all crew members.

**YOU WILL BE NOTIFIED OF YOUR CREDENTIALS  
STATUS NO LATER THAN NOVEMBER 3, 2006.**