

MEDIA REGISTRATION REQUEST FORM

MEDIA :

ADDRESS :

CITY :ZIP CODE :

PROVINCE :COUNTRY :

PHONE : (.....).....

FAX : (.....).....

E-MAIL :@.....

WEBSITE :

TYPE OF MEDIA : TV Radio Daily Newspaper Magazine Press agency Internet

TYPE OF AUDIENCE : General news Sports news Motorsports news

CIRCULATION (average circulation or audience number) :

REGISTRATION REQUESTED FOR :

NAME:

- Fonction :
- Professional journalist*
 - Professional journalist/photographer*
 - Professional photographer
 - Professional photographer of agency or freelance
 - Team Public Relations staff and/or Team photographer
 - TV Production Team member

* Indicate your professional association card number : (AJAC,FPIQ,...) :

Note : Number of media tabards is very restricted, there will be issued following this priority order:

1. TV, 2. Professional photographers, 3. Professional journalists, 4. Team photographers.

Validation of the publication director or managing editor or news desk :

Name :

Signature :

Date :

Please return this completed form by fax at (514)487-0165 no later than August 31.

Incomplete forms or those received after this deadline might be disregarded