

MEDIA ACCREDITATION REQUEST FORM

MEDIA :
ADDRESS :
CITY :ZIP CODE :
PROVINCE :COUNTRY :
PHONE : (.....).....
FAX : (.....).....
E-MAIL :@.....
WEBSITE :
TYPE OF MEDIA : TV Radio Daily Newspaper Magazine Press agency
TYPE OF AUDIENCE : General news Sports news Motorsports news
CIRCULATION (average circulation or audience number) :.....

ACCREDITATION REQUESTED FOR :

NAME:

- Fonction : Professional journalist
 Professional journalist/photographer
 Professional photographer of agency or freelance
 TV Production Team member

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

1. TV, 2. Professional photographers, 3. Professionnal journalists
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Validation of the publication director or managing editor or news desk :

Name :

Signature :

Date :

Please return this completed form by fax at (450) 475-6604 before August 31.

Incomplete forms or received after the deadline mentioned above could be not considered.