

**SAN LUIS OBISPO INTERNATIONAL FILM FESTIVAL  
MEDIA CREDENTIAL APPLICATION**

18th Annual San Luis Obispo International Film Festival: Mar. 7 – Mar. 11, 2012

(Please complete one application per person)

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State/Country, Zip Code: \_\_\_\_\_  
Telephone: Office \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

**PUBLICATION/OUTLET INFORMATION (If some lines are not applicable, please leave blank)**

Primary Publication/Outlet: \_\_\_\_\_  
Market: \_\_\_\_\_ Media Type: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Circulation: \_\_\_\_\_  
Editor/Producer: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_

Additional Publication/Outlet: \_\_\_\_\_  
Market: \_\_\_\_\_  
Additional Publication/Outlet: \_\_\_\_\_  
Market: \_\_\_\_\_

**TYPE OF COVERAGE (Briefly describe focus of stories/interviews/photos and length of coverage)**

AS A CONDITION OF RECEIVING CREDENTIALS TO THE 2011 SAN LUIS OBISPO FILM FESTIVAL, I AGREE TO SEND TEAR SHEETS OR COPIES OF MY PHOTOS OR COVERAGE AS SOON AS POSSIBLE FOLLOWING THE FESTIVAL.

\_\_\_\_\_  
Applicant's Signature Date

PLEASE RETURN THIS FORM BY MARCH 7, 2011 TO:  
Media Application  
c/o San Luis Obispo International Film Festival  
P.O. BOX 1449 • San Luis Obispo, CA 93406  
PHONE: (805) 546-3456 FAX: (805) 540-3580

IF YOU WOULD LIKE TO SUBMIT THIS ELECTRONICALLY,  
PLEASE EMAIL: [festivaldirector@slofilmfest.org](mailto:festivaldirector@slofilmfest.org)