



QUEER BLACK CINEMA®

PRESS CREDENTIAL APPLICATION

2010 QBC Int'l Film Festival

Name of Event: _____ Date: _____

one application per person, including crew members

PRESS CONTACT

NAME	
ADDRESS	
CITY/STATE/ ZIP	
TELEPHONE	
MOBILE	
FAX	
EMAIL	
DATES ATTENDING	

OUTLET COVERAGE

AFFILIATION/OUTLET	
ADDRESS	
CITY/STATE/ ZIP	
DISTRIBUTION	<input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International
FREQUENCY	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
CIRCULATION/VIEWERSHIP	
PRINT	<input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Other _____
TV PROGRAM	
-NETWORK	
-CALL LETTERS	
RADIO PROGRAM	
-AUDIENCE	
-CALL LETTERS	
ONLINE: URL	
-VISITORS PER MONTH	

BRIEFLY DESCRIBE YOUR INTENDED TYPE OF COVERAGE:

As a condition of receiving credentials to the 2010 Queer Black Cinema International Film Festival, I agree to send tear sheets or a copy of my coverage as soon as possible following the festival.

Applicant's Signature (*Not needed if submitted using email*) _____ (Date) _____

Please return the form via email at least 24hours before the event:

Email: press@queerblackcinema.org Subject: **PRESS**

You will be notified of your credential within 12 hours of date submitted

*****All request forms for press credentials must be returned with the following information*****

- An assignment letter on company letterhead from an editor, producer or program director that states the intention to publish/air your reports.
- Sample publication with previous or comparable coverage (link directly to work is preferred)