



# MEDIA ACCREDITATION 2019

Submit completed forms via fax: 1-888-334-9369  
or via email to [emma@niagarafallscmiccon.com](mailto:emma@niagarafallscmiccon.com)

## Organization Information

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Publication Information (ie. circulation, unique monthly visitors, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal Information

First/Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Media Type:

Daily Newspaper

Community Newspaper

Weekly Magazine

Monthly Magazine

Television

Radio

Website/Blog

Facebook Page

Other: \_\_\_\_\_

## Have you covered a Comic Con before?

Yes  No

If yes, please provide a description of coverage and which event(s) you covered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_