

Media Accreditation

Affiliation: _____

Affiliation Address: _____

Contact Name: _____

Contact Title/Department: _____

Editor/Producer : _____

Phone: _____ Cell _____

Fax: _____ E-mail: _____

Number of passes requested: _____

	Name	Title
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Special Requirements/Interview Requests: _____

Please submit to E.F.M.F. office by July 31st

If you have any questions, contact Silvio Dobri:

Tel: (780) 429-1899

Fax: (780) 424-1132

Email: media@efmf.ab.ca

Media Crew Volunteers are on site August 7th to 10th.

PLEASE NOTE there is no parking on site. Mobile TV crews and media requiring special needs, please indicate above to be considered for privileges.