



CALIFORNIA CAPITAL AIRSHOW
MATHER AIRPORT • SEPTEMBER 11-12, 2010

MEDIA CREDENTIAL FORM

Complete this form in its entirety and *MAIL* or *DELIVER* this form to:

Karen Strong
Media Contact/ Public Relations Director
3745 Whitehead Street, Building 4642 Suite 5B
Mather, CA 95655

NO FAXES, PLEASE.

Please print or type all information clearly:

Last Name: _____ **First Name:** _____
Address: _____ **City:** _____ **State** _____ **Zip:** _____
Phone: - -
Email Address: _____

Organization Information

Organization Type: *Station* *Magazine* *Newspaper* *Etc*
Organization Name: _____
Organization Address: _____
Organization Phone: - -
Organization Address 2: _____
Organization City: _____ **State** _____ **Zip:** _____
Editor/ Producer Name: _____

Upon receipt of your application, you will receive an email confirmation that your application has been received. An additional email will be sent when your credential request is approved. Prior to the show, the primary contact for each approved media outlet will receive additional information regarding parking, grounds, entry, and other information.