

Media Credential Application
6th Annual Waterfront Film Festival
June 10 to 13, 2004

PLEASE COMPLETE ONE APPLICATION FOR EACH PERSON. A MEDIA PASS AND WRISTBAND WILL BE REQUIRED FOR ENTRANCE INTO VENUES.

CONTACT INFORMATION

Name _____ Title _____

Name of Media Outlet _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

E-mail _____

Do you prefer to receive press releases by: FAX or EMAIL ? (please choose one) _____

Dates requesting to attend _____

PRINT PUBLICATION / MEDIA OUTLET INFORMATION

Name of Publication or Outlet representing _____

Market _____ Media Type _____ Circulation _____

Name of Editor or Producer _____

Telephone or E-mail address _____

Briefly describe stories and length of coverage

BY ACCEPTING CREDENTIALS TO THE WATERFRONT FILM FESTIVAL, I AGREE TO SEND TEAR SHEETS OR PROVIDE AIR DATE AND TIME AS SOON AS POSSIBLE DURING OR FOLLOWING THE FESTIVAL.

A SPECIAL NOTICE FROM THE PRODUCERS OF "SEPTEMBER TAPES"

By accepting these credentials from the 2004 Waterfront Film Festival, I agree to refrain from reviewing the feature film "SEPTEMBER TAPES" or filing editorial coverage that resembles a critical review. "SEPTEMBER TAPES" is being presented as a Special Engagement and is considered a Work-In-Progress. Since changes are expected and the film has distribution pending through First Look Media, we respectfully ask you to honor this request, with many thanks. Part of the thrill of film festivals is getting the advance look at highly anticipated films. Please feel free to mention "SEPTEMBER TAPES" in your coverage, it's an incredibly unique project, we simply ask your cooperation in not pre-empting a carefully planned distribution strategy by reviewing the film out of the Waterfront line-up.

Signature

Date

PLEASE FAX FORM BY **June 5, 2004** to Melanie Scholten at 616-394-0122.