



# Media Credential Form

Complete the form and FAX it to Marsha Osterbur at 217/355-1145.

Media Organization \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

Telephone (circle one) mobile or work \_\_\_\_\_

E-mail \_\_\_\_\_

Web site: (if applicable) \_\_\_\_\_

Type of Organization Represented

TV/Cable  Radio  Print  Web  Photo  Freelance \_\_\_\_\_

Other (name): \_\_\_\_\_

Note: If you are a freelancer, please provide name, e-mail, phone number, and name of hiring organization.

\_\_\_\_\_

List any specific media needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All requests must be submitted no later than April 23, 2010 to**

Marsha Osterbur, Media Coordinator

Christie Clinic Illinois Marathon

Fax: 217/355-1145. E-mail: [mosterbur@christieclinic.com](mailto:mosterbur@christieclinic.com)

Phone: 217/ 217-366-1270

