



Media Credential Form

Complete the form and FAX it to Cheryle Turner at 217/366-2266.

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, 2012 to

Cheryle Turner, Media Coordinator

Christie Clinic Illinois Marathon

Fax: 217/366-2266. E-mail: jtvr4@aol.com

Phone: 217/493-0118

