



Caribbean Prestige Foundation  
for the Performing Arts

**#66 Prince Street, Port-of-Spain**

Tel: 624-2134 Fax: 627-0947 Email: [carprestfoundation@tstt.net.tt](mailto:carprestfoundation@tstt.net.tt)

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## APPLICATION FOR MEDIA ACCREDITATION

### IMPORTANT NOTE:

*The following information has been requested on a voluntary basis and will be used to determine whether or not you are eligible to obtain accreditation.*

*All journalists and technicians who wish to be accredited for the 2008 International Soca Monarch Competition must submit this form.*

### Applicant Details

Last Name \_\_\_\_\_

Full Given Names (no initials) \_\_\_\_\_

Province/State Country \_\_\_\_\_

Position  Reporter  Producer  Technician  Photographer  Correspondent  
 Freelance  Editor  Director  Cameraperson Other(specify)\_\_\_\_\_

### Media Agency Details

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Web Address \_\_\_\_\_

Category/Medium  TV  Photo  Online Only  Daily Paper  Radio  Periodical  Radio/TV  
 News Agency  Other(Specify) \_\_\_\_\_

### Scope of Usage

Please indicate the scope of usage for any coverage which you hope to take:-

News  Interviews  Still Photos  Features  All Media

**Equipment Listing**

In order to assemble adequate accommodation for the media we need to be advised of what equipment will be brought on the day. Please list in the space provided any equipment which you will bear.

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**Validation**

To validate this request for accreditation, the publisher (or a representative) must sign this form. If no signature can be obtained, a letter confirming the requester's status must be attached to this form.

Name of the Media \_\_\_\_\_

Last Name (UPPER CASE) \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature of Authorized person

\_\_\_\_\_

**Screening Consent and Certification**

I \_\_\_\_\_ consent to the disclosure and subsequent verification of information on my address and employment. I also certify that the information set out by me in this document is true and correct to the best of my knowledge and belief.

Signature of the Requestor \_\_\_\_\_ Date \_\_\_\_\_

Work Telephone (Include country code/regional code) \_\_\_\_\_

**The accreditation form should be faxed to Caribbean Prestige Foundation - Fax: 868-627-0947, Phone: 868-624-2134**