



National Park Service
U.S. Department of the Interior

Flight 93
National Memorial

P.O. Box 911
Shanksville, PA 15560

814-893-6322 phone
www.nps.gov/flni

For Immediate Release: August 10, 2012
Contact: Mike Litterst, National Park Service, 202-306-4166

Media Credential Request Form

September 11th Observance – Flight 93 National Memorial

DEADLINE TO SUBMIT CREDENTIAL FORM:
August 24, 2012
EMAIL TO: chris_comer@nps.gov or
FAX TO: (814) 893-6329
Please complete this application in full.

Press/Media Organization: _____

Main Contact Name: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Business Phone: _____ Business Fax: _____

E-mail: _____ Cell Phone: _____

Total Number of People Attending from your Media Outlet: _____

MEDIA PROFILE

___ Regional ___ National ___ International / Daily ___ Weekly ___ Monthly ___ Other: _____

___ Newspaper ___ Magazine ___ Radio (Call Letters): _____ ___ TV (Call Letters): _____

___ Internet ___ Other: _____

Will you be sending a transmission truck? ___ YES ___ NO Satellite truck size: _____

If you are bringing a satellite truck, additional registration requirement information will be sent separately to the Main Contact listed on this form.

How many passenger vehicles (do not include transmission trucks in this number) will be coming? _____

EXPERIENCE YOUR AMERICA™

The National Park Service cares for special places saved by the American people so that all may experience our heritage.

Please indicate which days you plan to be on site covering events and or preparing stories:

Friday, September 7 _____

Saturday, September 8 _____

Sunday, September 9 _____

Monday, September 10 _____

Tuesday, September 11 _____

If you have questions regarding anything on the media credential request, please contact Mike Litterst at:

Email: mike_litterst@nps.gov

Phone: (202) 306-4166

Additional information about when and where media credentials may be picked up, logistics of covering the event, as well as contact information to arrange interviews with family members, project leaders, fundraising campaign leadership, will be follow in the form of additional media technical advisories.

Our organization agrees that media credentials will be used for working media only.

All media personnel must wear the issued media credential at all times. Lost or stolen badges will not be replaced. Once on site, any person/entity found not following these rules and regulations for media personnel will have their credentials revoked and will be escorted from the event by security.

As an authorized representative of the above stated organization, I agree that the personnel listed on the media credential request form will abide by these rules and regulations or run the risk of having their credentials revoked.

Name (print clearly): _____

Must be an authorized representative such as a news director, senior editor, etc.

Title (print clearly): _____

FOR INTERNAL USE ONLY:

Received:

Completed

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MEDIA PERSONNEL ATTENDING EVENT

**Please list each person from your organization attending the event.
The Main Contact listed on page 1 of this form is who will receive future event
correspondence, in terms of technical advisories.**

Name: _____ Title: _____ Cell #: _____

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