



SCANDINAVIAN FILM FESTIVAL L.A.

JANUARY 10,11, 17,18, 2009

MEDIA CREDENTIAL APPLICATION

Contact Information – Please complete one application per person

Name: _____ Title: _____

Address: _____

City, State/Country, Zip: _____

Phone (office): _____ Phone (fax): _____

Email (required): _____

Publication/Outlet Information

Primary Publication/Outlet: _____

____ Newspaper ____ Magazine ____ Photo Agency

____ Wire Service ____ Online ____ TV

____ Radio ____ Other

Editor/Supervisor: _____

Please indicate the primary focus of your coverage

____ Oscar Submissions ____ Feature Films ____ Short Films

Specific Country(s) (please mark):

____ Denmark ____ Iceland ____ Finland ____ Sweden ____ Norway

*As a condition of receiving credentials to Scandinavian Film Festival L.A., I agree to send tear sheets or copies of my coverage as soon as possible following the festival.

Applicants Signature _____ Date _____

Deadline for credentials is Friday, January 9, 2009

Please return form to:

Scandinavian Film Festival L.A.

Or fax to: 323.661.4273

P.O. Box 292329

Los Angeles, CA 90029

For more information please visit the official website at www.scandinavianfilmfestivalla.com
You will be notified of your credential status before January 10, 2009