



**Media Credential Request Form
40th Anniversary of Apollo Celebration
Kennedy Space Center Visitor Complex**

Name of Media Outlet: _____

Check one:

Newspaper Radio Television Internet/Blog Photographer Other

Area of coverage: Local Regional National International

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Cell Phone _____

E-mail _____ Fax _____

Media Coverage Plans:

Requesting Credentials for:

Name	Title	Thursday, July 16	Other: _____

Fax to:
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