

2018 State of the State Address
Media Credential Request

Media Organization _____

Contact Name _____

Phone _____

Email _____

Names of Media Representatives Seeking Credentials (Due to limited spacing, only one reporter per station for print and radio)

Credentials Requested

Camera Floor Access _____

(Note: One reporter and one camera person per station)

Radio Floor Access _____ (Note: One reporter per station)

Print Reporter Floor Access _____ (Note: One reporter per station)

Still Photographer Floor Access _____ (Note: One photographer per station)

Please return completed applications to Maya.Polon@asm.ca.gov.