



**To: Valued Media Partners**  
**From: Tennessee Valley Fair**  
**RE: 2017 Tennessee Valley Fair Media Credential Request Form**

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If you plan on covering our event, please request Media Credentials for working members of your organization.

**Important Reminder:** Media credentials are for **working media only** and must be visibly displayed at all times.

**Parking and Admission:** A media credential allows working members of the media admission to the fair when they are covering our event. Official station vehicles (with logos) are asked to access the fairgrounds through the Lakeside Drive Gate. *(At the corner of East Magnolia Avenue & Lakeside Drive)* **Please ask for Abby Suchomski or text/call 865-804-6423.**

**Delivery of Media Credentials:** Applicants applying by August 23, 2017 will be contacted to confirm delivery date of Media Credential(s) and Media Kit. PLEASE NOTE: 2017 Media Kits will be available electronically and delivered via email by August 23, 2017.

Please note that the Tennessee Valley Fair reserves the right to verify the validity of any media organization before providing credentials. No complimentary credentials or tickets will be extended to family or guests of the media. Failure to comply with any of these procedures or unauthorized use of a credential may result in refusal, forfeiture of credential privileges, and/or removal from the premises.

Thank you for your cooperation. We look forward to seeing you in September!

Sincerely,  
***Abby Suchomski***  
Marketing Coordinator



## Working Media Credential Application

To apply for media credentials, complete this form and send it to:

Tennessee Valley Fair, Attn: Abby Suchomski

Email: [abby@tnvalleyfair.org](mailto:abby@tnvalleyfair.org) or Fax: 865-215-1483

Mailing Address: P.O. Box 6066, Knoxville, TN 37914

For questions, please call: (865) 215-1473

**Media Credential Deadline: Wednesday, August 23 2017**

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Name/Title of Person Requesting Credential

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Media Organization

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Mailing Address

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E-mail Address

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Phone & Fax

I am requesting \_\_\_\_\_ Media Credentials for the following individuals.

Name

Title/Position

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By signing and returning this form, I understand that my request has been submitted for review.

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Signature / Title

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Date