

FOLK ALLIANCE INTERNATIONAL

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Please submit your Media Request Form with correct information for program book purposes. If you do not want part of your information published, please let us know. Once your request form is processed, we will let you know whether you have been accepted by email.

Date:

Name:

Affiliation:

Hometown:

Affiliation and Hometown as you want it to appear on your badge

Address:

City:

State:

Postal/Zip Code:

Country:

Your organizational name:

If applicable (registrants belonging to a Folk alliance member organization)

Main phone: (for program book)

Main phone: (for FAI staff use)

Cell:

Skype:

Email:

Website:

By registering for the conference you agree to abide by the parameters of Conference Management and that, absent any negligence on your part, you waive any claim for damages by your participation in any unsanctioned event.