

PRESS REGISTRATION FORM

Please email completed registration form to dmcnary@adces.org

Press Registration Profile

Name (First, Middle Initial, Last)	Job Title
Publication/Media Outlet	Cell Phone Number
Address – Check preferred mailing address Home Work	
City, State, Zip	
Email Address	
By electronically initialing the below box, you are acknowledging that you Media Guidelines and agree to abide by them.	u have read the <u>ADCES</u>
Media Guidelines and agree to abide by them.	