

COMPLETE REQUEST FORM AND SUBMIT VIA EMAIL TO MARKETING@VITICUSGROUP.ORG

► CATEGORY (Check all that apply)

Digital Print Traditional Broadcast

► MEDIA INFORMATION Please complete form in full - all fields required (Minimum age for all registrants: 18)

Name			
Last	First	MI	
Title			
Media Outlet Name			
Mailing Address			Apt/Ste
City	State/Prov	Zip/Postal Code	Country
Primary Email			
Preferred Phone: Cell Business C	ell	Business	
Emergency Contact Name	Contact Name Emergency Contact Phone		
Additional Crew Member Name			
Title	Cell	Email	
Additional Crew Member Name			
Title	Cell	Email	
Topics Covered at Media Outlet			
Have you/your media outlet covered Viticus	Group WVC Annual Conference	e in the past? If so, please includ	le links to most recent pieces.
Yes Link to past coverage		No	
Is this your first time to cover Viticus Group	WVC Annual Conference? If not,	please include links to past stor	ies.
Yes Link to past coverage		No	
*□ I have read and agree to the terms & co	onditions (required prior to comp	leting the registration).	
*By signing below, I acknowledge that I hav	e read & agree to the registration	n terms & conditions located at v	vww.viticusgroup.org/legal.
Signature			
Date			
Completed request form must be submitted via email to Marketing@ViticusGroup.org			

Your request will be reviewed by Viticus Group and you'll receive a follow up response within eight weeks of conference start date. Thanks for your patience.