



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

► **CATEGORY** (Check all that apply)

Digital Print Traditional Broadcast

► **MEDIA INFORMATION** Please complete (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 Cell _____ Business _____

Emergency 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 (formerly WVC) Annual Conference in the past? If so, please include links to most recent pieces.

Yes Link to past coverage _____ No

Is this your first time to cover Viticus Group (formerly WVC)? If not, please include links to past stories.

Yes Link to past coverage _____ No

* I have read and agree to the terms & conditions* (required prior to completing the registration).

By signing below, I acknowledge that I have read & agree to the registration terms & conditions located at www.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.