

PRESS CREDENTIALS FORM

FULL NAME*

NEWSPAPER/MAGAZINE*

ROLE*

EMAIL*

DATE AND TIME OF THE VISIT*

MOBILE

LANDLINE PH.

WORK ADDRESS

ZIP

CITY

COUNTRY

HOME ADDRESS

ZIP

CITY

COUNTRY

HOW DID YOU KNOW VILLA CARLOTTA?

WHAT'S THE PURPOSE OF YOUR VISIT? (PRESS, SOCIAL, ETC.)?

I authorize Villa Carlotta to send press material relating to planned initiatives

I authorize Villa Carlotta to insert my name in its mailing list

Date _____

SIGNATURE

* Required fields

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