

Form to: BC Fashion Week Press Accreditations
BarCode Productions

#303 989 Richards Street
Vancouver British Columbia
Canada V6B 6R6

TELEPHONE +1 604 6888741
FACSIMILE +1 604 9844992
press@bcfashionweek.com



P R E S S R E G I S T R A T I O N

Fall / Winter 2005 Collections
April 10 to 15, 2005

Registration Deadline: March 20, 2005

Before you complete the registration form, please be advised that inclusion in the British Columbia Fashion Week does not guarantee an invitation to a show. Designers use the list as a resource for their invitation/guest lists.

To receive accreditation for British Columbia Fashion Week Fall/Winter 2005 Collections please complete and submit this form no later than March 20th, 2005. The information you provide will be reviewed by an accreditation committee and, if approved and accepted, will be published in the official British Columbia Fashion Week Press List, which is distributed to each participating designer.

If you are applying for accreditation for the first time, please be sure to include as much information as you can about your affiliation with this application (i.e. a copy of the publication, video tape, company profile, press kit, etc.). If you are applying as a freelancer, please include tear sheets, resume, etc., along with a letter of verification, on company letterhead, from the affiliation you freelance for. BarCode Productions will not accept any new applications without these materials.

STEP 1

AFFILIATION CONTACT (The individual completing this form)

NAME _____ TITLE _____

PHONE _____ EMAIL _____

Please enter the complete affiliation mailing address, main telephone and fax numbers and website address as appropriate. If you are a freelancer, please enter your name under affiliation and include the

companies that you are affiliated with. **PLEASE PRINT CLEARLY.**

AFFILIATION (COMPANY)		
STREET ADDRESS		
CITY	PROVINCE / STATE	POSTAL CODE / ZIP CODE
COUNTRY	WEB ADDRESS	
TEL	FAX	EMAIL

AFFILIATION CLASSIFICATION

MEDIA CATEGORY (Check only one)	MEDIA TYPE (Check only one)	FREQUENCY (Check only one)	CIRCULATION (Viewers, hits per day)
<input type="checkbox"/> PRINT	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> 24 x 7	
<input type="checkbox"/> BROADCAST	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> DAILY	NOTES
<input type="checkbox"/> FREELANCE	<input type="checkbox"/> STYLIST	<input type="checkbox"/> WEEKLY	
<input type="checkbox"/> INTERNET	<input type="checkbox"/> OTHER	<input type="checkbox"/> MONTHLY	

Requested Access:

(Check requested areas and we will do our best to accommodate all requests.)

RUNWAY RISER BACKSTAGE

Requested Interviews:

(Check requested interviewees and we will do our best to accommodate all requests.)

DESIGNERS ORGANIZERS BUYERS
 SPONSORS MODELS BACKSTAGE

OTHER (Please specify) _____

I agree to provide BarCode Productions with a copy of resulting coverage.

Signature _____ Date _____

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STEP 2

ATTENDEE INFORMATION

Please list each person to be accredited to receive invitation(s) for seat assignments from designers in this section. Note that the photographers who do not require seating assignments should not be listed here (please list them in the Photographer/Video Crew section on Step 3). Please list individuals in order of seniority and be sure to include their titles and e-mail addresses.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

Invitations will be mailed to the Affiliation address (as it appears in STEP 1) unless you provide an optional address (i.e. an hotel or other local address) for each person below.

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	NAME
TITLE	OPTIONAL ADDRESS
TEL	
EMAIL	

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	NAME
TITLE	OPTIONAL ADDRESS
TEL	
EMAIL	

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	NAME
TITLE	OPTIONAL ADDRESS
TEL	
EMAIL	

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	NAME
TITLE	OPTIONAL ADDRESS
TEL	
EMAIL	

Note: If you need to register more than four people, please print another copy of this page and include them with your submission.

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STEP 3

PHOTOGRAPHER / VIDEO CREW INFORMATION

(Photographer Entrance / Media Riser Only)

Photographers and Video crews requiring admittance through the Photographer Entrance for Media Riser access, and not requiring seating assignments should be listed here. Those needing seating assignments should be listed in the Attendee Information section (see Step 2). Media Risers are exclusively reserved for those persons with still or video cameras actively photographing the shows. Please do not include any name in more than one section. If you are requesting seat assignments please enter your information in the Attendee Information section (see Step 2)

It is important to register photographers and video crews even if their names are not known at this time. To do so, simply enter "TBD" in the name field. Enter their title and any other information as appropriate.

Specific names must be faxed to BarCode Productions at (604.984.4992) no less than 48 hours before the day credentials are to be issued.

Photographer/video crew credentials will be issued on site 1 or 2 days prior to the first day of the shows. Location and time of check-in will be provided in the confirmation package.

ON-SITE WALK-ONS WILL NOT BE GIVEN CREDENTIALS OR ADMITTED TO THE SHOWS.

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	NAME
TITLE	OPTIONAL ADDRESS
TEL	
EMAIL	

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	NAME
TITLE	OPTIONAL ADDRESS
TEL	
EMAIL	

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	NAME
TITLE	OPTIONAL ADDRESS
TEL	
EMAIL	