

ACCREDITATION: Guidelines

PLAY WHE INTERNATIONAL SOCA MONARCH COMPETITION 2018 FINALS

Queens Park Savannah | Friday 9th February, 2018 | Gates Open: 8 :00 pm

PLEASE TICK ONE: TECHNICAL STAFF

SERVICE PROVIDER

Accreditation by Caribbean Prestige Foundation for the Performing Arts (CPF) is only for access to the venue and use of facilities provided for accredited persons. It does not constitute a license or permission for use of intellectual property rights.

Please take note of the following guidelines regarding the ISM Media Accreditation registration process:

1. All accreditation activities for the International Monarch Competition 2018 will be conducted by Caribbean Prestige Foundation for the Performing Arts (CPF).
2. The office of Caribbean Prestige Foundation for the Performing Arts is located at 27 Carlos Street, Woodbrook, Port of Spain.
3. Accreditation will commence on Friday 2nd February, 2018 and will conclude on Wednesday 7th February, 2018 at the CPF office from 9.00 a.m. to 4.00p.m., Monday to Friday. These will be our STRICT accreditation hours.
4. A letter of authorization from the company the applicant represents is also required, with name, date & signature from a supervisor (and company stamp, if applicable). The forms may be downloaded from our website www.socamonarch.net
5. For Accreditation enquiries, contact June Sargeant, 624-2134.
6. Applicants may scan and email the completed registration form, letter of authorization to ismaccreditation18@gmail.com. The subject of the email should be "Completed Accreditation Forms" or alternatively, drop off completed forms to CPF at the address listed above.
7. All tickets will be available for collection on Thursday 8th February from 9:00 a.m. – 6:00 p.m. and Friday 9th February from 9:00 a.m. - 12:00 noon at the Accreditation Centre - 27 Carlos Street, Woodbrook
8. Accredited Personnel will **not be allowed access on Stage or Backstage**. Accredited Personnel must comply with the request of security and members of staff at all times.
9. Please note that ISM Finals Technical and Service provider passes are **non transferable**.

11th January 2018

Please direct all media-related inquiries to June Sargeant, Media Specialist:
Caribbean Prestige Foundation for the Performing Arts - #27 Carlos Street,
Woodbrook, Port-of-Spain
Contact: 624-2134 Email: ismaccreditation18@gmail.com

For event updates log on to
www.socamonarch.net and/or www.facebook.com/socamonarch

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Please completely fill the following Application Form regarding the ISM Media Accreditation registration process. All information must be true and accurate. The application form should be returned to the ISM Office or sent via email to ismaccreditation18@gmail.com, on or before Tuesday 06th February, 2018 by 4pm.*

Company: _____

Name (BLOCK LETTERS) : _____

Local Address: _____

Local ID # _____ Local DP# _____ PP# _____

Foreign Address: _____

Authorized Contact Person: _____

Position Held: _____

Cell #: _____ Work#: _____ Email: _____

Business Type: _____

*Failure to comply may result in the denial of access to the event.

ACCREDITATION

ACCREDITATION

No.	NAME IN BLOCK LETTERS	POSITION	TEL:	ID TYPE & NO. (circle)	STATUS (FOR OFFICIAL USE)
1			W: M:	I.D / D.P / PP	
2			W: M:	I.D / D.P / PP	
3			W: M:	I.D / D.P / PP	
4			W: M:	I.D / D.P / PP	
5			W: M:	I.D / D.P / PP	
6			W: M:	I.D / D.P / PP	
7			W: M:	I.D / D.P / PP	
8			W: M:	I.D / D.P / PP	
9			W: M:	I.D / D.P / PP	
10			W: M:	I.D / D.P / PP	
11			W: M:	I.D / D.P / PP	
12			W: M:	I.D / D.P / PP	
13			W: M:	I.D / D.P / PP	
14			W: M:	I.D / D.P / PP	

ACCREDITATION

Please sign as having received the stipulated amount of passes.

Name (Block Letters): _____

Position: _____

Signature: _____ Date: _____

ID #: _____ Phone #: _____

Name of Company: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Screening Consent and Certification:

I consent to the disclosure and subsequent verification of information contained herein. I also certify that the information set out by me in this application is true and correct to the best of my knowledge and belief.

Signature of the Requestor: _____ Date: _____

Work Telephone (include country code): _____

Mobile (include country code): _____

VALIDATION: To validate this request for accreditation, a representative of the Company must sign this form. A letter confirming the requester's status must be attached to this form as listed in point 5 above.

N.B. All tickets, bands and/or passes are the property of Caribbean Prestige Foundation for the Performing Arts. If lost or stolen this must be immediately reported to Mr. Robert Williams at telephone number: 624-2134.

Lost or stolen passes will only be replaced when a new application is completed and payment by approved methods is paid in full.

Ticket hotline: 761-6407.

Bands and/or passes will be confiscated if found in the possession of persons not issued to, if being misused or if bearer is found to be abusing the privileges associated with use.

Please direct all media-related inquiries to June Sargeant, Media Specialist:
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Woodbrook, Port-of-Spain
Contact: 624-2134 Email:ismaccreditation18@gmail.com

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Caribbean Prestige Foundation for the Performing Arts
The Home of the International Soca Monarch
27 Carlos Street, Woodbrook
Trinidad, West Indies
Tel: (868) **624-2134**