

July 16, 2009

Dear Press Representative:

Attached are the credential forms for the **2009 Creative Arts Emmy® Awards** and the **61<sup>st</sup> Primetime Emmy® Awards**. These forms must be completed and returned to us by **FRIDAY, AUGUST 14, 2009**.

Freelance journalists and all other applicants who are not on-staff employees of the outlet(s) they are representing must submit an original letter of assignment on letterhead with the name and phone number of the assignment editor with these forms. No journalists, photographers or camera crews will be considered without a confirmed assignment from an actual publication or broadcaster.

These forms are not a guarantee that you will receive any or all of the credentials that you request. Credential forms are evaluated each year. If you've received accreditation in years past, it does not guarantee accreditation again. In addition, accreditation to one of these events does not mean accreditation for both events.

Finally, a separate form is attached if you want to request telephone, fax, ISDN and HSIA line to be installed in the press tent. If you are issued credentials, we will give this form to the appropriate people. It must be returned to us with all the credential forms filled in its entirety with all the correct billing information.

**Forms may be submitted three ways and must be received NO LATER than FRIDAY, AUGUST 14, 2009:**

**E-mail: [emmycredentials@lippingroup.com](mailto:emmycredentials@lippingroup.com)**

**Fax: 323.965.1993**

**Mailed to:**

**The Lippin Group  
Attn: Emmy Credentials  
6100 Wilshire Blvd., Suite 400  
Los Angeles, CA 90048**

If you want to confirm that your application has been received, please call us at 323.965.1990.

Thank you.

Robin Mesger  
The Lippin Group

Michael Samonte  
The Lippin Group



**CREDENTIAL REQUEST FORM**

**61<sup>st</sup> PRIMETIME EMMY® AWARDS  
Sunday, September 20, 2009**

**Nokia Theatre  
5:00 p.m./Formal Attire Required**

**Please type in the following information and return to us by Friday, August 14, 2009:**

Name: \_\_\_\_\_  
(All subsequent correspondence related to credentials will be addressed to this name)

Name of Media Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_  
(If you are based in the U.S. but work for an outlet that serves a foreign audience, please indicate the country your outlet serves.)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please indicate your outlet:

<b>PRINT</b> NEWSPAPER MAGAZINE WIRE SYNDICATE	<b>TV</b> NATIONAL LOCAL INTERNATIONAL	<b>RADIO</b> LOCAL SYNDICATE	<b>PHOTO</b> NEWSPAPER MAGAZINE WIRE/SYNDICATE	<b>WEBSITE</b>
---	---	------------------------------------	---	----------------

**61<sup>st</sup> Primetime Emmy Awards – Credential Request Form**

**Name of Outlet:** \_\_\_\_\_

Please check the areas where you are requesting credentials and how many credentials you will require (there is no guarantee that you will be given the number of credentials you are requesting):

**Red Carpet Arrivals - Please indicate the NUMBER of credentials requested. Do not check or put an x – you must put an actual NUMBER.**

\_\_\_\_\_ Red Carpet Arrivals  
(For electronic crews there is a maximum of 3 people per space, for print reporters and all photographers there is only one person per space)

**Press Tent – Please indicate below the NUMBER of credentials requested. Do not check or put an x – you must put an actual NUMBER.**

\_\_\_\_\_ Photo Room – General and Deadline  
(No radio or television outlets permitted)

\_\_\_\_\_ Digital Transmission Room (For Photographers transmitting images only)  
(The Awards Telecast will be visible on monitors and audible through headsets.)

\_\_\_\_\_ General Press Room (Print/Radio/Television/Online Media)  
(This room will have assigned theatre-style seating for television reporters and assigned seating at tables for journalists. ALL electronic crews will plug into a mult box for feed. Award winners will be brought to the room to answer questions in the press conference-style setting. The Awards telecast will be visible on monitors and audible through headsets).

\_\_\_\_\_ Messenger/Tech  
(This credential will allow for limited access to arrivals area and/or press rooms for retrieval/delivery of disks/film/tapes and for equipment repair or replacement, etc.)

\_\_\_\_\_ Satellite Truck Parking Area  
Truck dimensions must be received no later than **Monday, September 7.**

\_\_\_\_\_ Are you interested in a getting the TELCO loop coordinates?

**61<sup>st</sup> Primetime Emmy Awards – Credential Request Form**

**Name of Outlet:** \_\_\_\_\_

Please list your staff by name and **where they will be positioned** – (for example, Joe Smith, Red Carpet and Photo Room or Mary Jones, Messenger only). The total number of names below should be the same as the number of credentials you are requesting.

<u>NAME:</u>	<u>Position:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Please list those who will need credentials for the Media Compound/Satellite Truck Parking Area **ONLY**:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Truck dimensions must be received no later than **Monday, September 7.**

61<sup>st</sup> Primetime Emmy Awards – Credential Request Form

777 Chick Hearn Ct, LA, CA 90015

## Telecommunications Order Form

### General Information

Name of Event \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Location in Theatre (if known) \_\_\_\_\_

Company Name \_\_\_\_\_ Event Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Other \_\_\_\_\_

### Basic Telephone Service

The basic service includes a touch-tone single line terminated on a standard RJ-11 jack. Charges for calls and other services are extra and will be charged at the prevailing rate, plus handling. Any equipment damaged will be charged to the user's account. Relocation of services after installation will be charged at rates specified at the time of the request.

*Please make all inquiries to the Telecommunications Department by Phone: 213 •742 •8100, Fax: 213 •742 •7284.*

### Service Charges

<u>Qty</u>	<u>Description</u>		
	Telephone Install Rate	7 Days Advance Booking	\$150/line
	Telephone Install Rate	6 Days or Less Notice	\$250/line
	Charge per line for each add'l day		\$35/day
	ISDN Rate – includes 2 B-channels	Equipment NOT Included	\$230/1 <sup>st</sup> day, \$25 add'l days
	POTS (not off switch)		\$500/line include local & long distance calls
	Dry Pair		\$100/line
	DSL – 1 Dynamic IP , Up to 1.5 X Up to 384		\$650/line
	DSL – 1 Dynamic IP , Up to 3.0 X Up to 512		\$700/line
	DSL – 1 Dynamic IP , Up to 6.0 X Up to 768		\$700/line
	DSL – 5 Static IPs, Up to 1.5 X Up to 384		\$750/line
	DSL – 5 Static IPs, Up to 3.0 X Up to 512		\$750/line
	DSL – 5 Static IPs, Up to 6.0 X Up to 768		\$750/line

### Method of Payment – you will be invoiced after the event

Please make checks payable to: **L.A. Live Theatre, LLC, 777 Chick Hearn Ct, LA, CA 90015**

### Note

Rates are subject to change without notice. It is the client's responsibility to notify the Telecommunications department of any *special services orders* (i.e. data lines, radio broadcast lines, fax, etc.) or *special equipment* (hands free units, conference units, etc.) at least 30 days prior to the installation date.

Return application to:

LOS ANGELES ARENA COMPANY, LLC, 1111 S. Figueroa Street, Los Angeles, CA 90015, Attn:  
Telecommunications Dept. Phone: 213•742•8100, Fax: 213•742•7284