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**AREAS OF  
EXPERTISE**

PLEASE LIST YOUR AREAS OF MEDIA EXPERTISE:

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**SIGNATURE**

I HEREBY REPRESENT THAT THIS APPLICATION IS TRUE.

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SIGNATURE

DATE

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**PLEASE EMAIL  
THIS APPLICATION TO:**

MEDIA @ ASRN.ORG OR MAIL IT TO:  
AMERICAN SOCIETY OF REGISTERED NURSES  
ATTN: MEDIA RELATIONS DEPARTMENT  
1001 BRIDGEWAY, SUITE 411  
SAUSALITO, CA 94965