



2024 ONE EVENT NATIONAL MEDIA APPLICATION FORM

1. MEDIA

MEDIA NAME: _____ COUNTRY: _____

ADDRESS: STREET: _____

CITY: _____ POST CODE: _____ COUNTRY: _____

PHONE: + _____ (with area code) FAX: _____ (with area code)

E-MAIL: _____ WEB: _____

PUBLICATION: NEWSPAPER MAGAZINE RADIO NEWS AGENCY PHOTO AGENCY
 WEBSITE ONLINE MAGAZINE TV PROGRAM TV STATION OTHER

TYPE: GENERAL SPORTS MOTORSPORTS BIKES OTHER

COVERAGE: INTERNATIONAL NATIONAL REGIONAL LOCAL
(selling area)

FREQUENCY: DAILY WEEKLY BI-WEEKLY MONTHLY OTHER _____

CIRCULATION: ISSUES PER YEAR: _____ READERS PER YEAR: _____

EDITOR IN CHIEF FULL NAME: _____ EMAIL: _____ PHONE (with area code) + _____

PUBLISHING GROUP NAME: _____ WEBSITE: _____

2. JOURNALIST

NAME: _____ SURNAME: _____

CATEGORY: JOURNALIST PHOTOGRAPHER JOURNALIST/PHOTOGRAPHER RADIO REPORTER RADIO TECHNICIAN
 CAMERAMAN TV TECHNICIAN OTHER _____

BIRTH DATE:

DAY	MONTH	YEAR
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 NATIONALITY: _____

ADDRESS: STREET: _____

CITY: _____ POST CODE: _____ COUNTRY: _____

PHONE: + _____ (with area code) MOBILE: + _____ (with area code)

FAX: + _____ (with area code) E-MAIL: _____

PREFERRED MAILING ADDRESS: PROFESSIONAL PERSONAL IMPA MEMBER: YES NO

3. ADDITIONAL INFORMATIONS FOR AGENCIES AND FREELANCE JOURNALISTS

Publications supplied with text/photos/videos. Specify: name, type, coverage, frequency, circulation, editor in chief, publishing group HERE

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