

## 2025 ONE EVENT NATIONAL MEDIA APPLICATION FORM

### 1. MEDIA

|                             |  |                         |                                   |
|-----------------------------|--|-------------------------|-----------------------------------|
| MEDIA NAME: _____           |  | COUNTRY: _____          |                                   |
| ADDRESS:                    | STREET: _____  |                         |                                   |
|                             | CITY: _____  | POST CODE: _____        | COUNTRY: _____                    |
| PHONE:                      | + _____<br>(with area code)  |                         | FAX: _____<br>(with area code)    |
| E-MAIL: _____               | WEB: _____   |                         |                                   |
| PUBLICATION:                | <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> MAGAZINE <input type="checkbox"/> RADIO <input type="checkbox"/> NEWS AGENCY <input type="checkbox"/> PHOTO AGENCY<br><input type="checkbox"/> WEBSITE <input type="checkbox"/> ONLINE MAGAZINE <input type="checkbox"/> TV PROGRAM <input type="checkbox"/> TV STATION <input type="checkbox"/> OTHER |                         |                                   |
| TYPE:                       | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPORTS <input type="checkbox"/> MOTORSPORTS <input type="checkbox"/> BIKES <input type="checkbox"/> OTHER  |                         |                                   |
| COVERAGE:<br>(selling area) | <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> NATIONAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL  |                         |                                   |
| FREQUENCY:                  | <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER _____  |                         |                                   |
| CIRCULATION:                | ISSUES PER YEAR: _____   | READERS PER YEAR: _____ |                                   |
| EDITOR IN CHIEF             | FULL NAME: _____   | EMAIL: _____            | PHONE (with area code)<br>+ _____ |
| PUBLISHING GROUP            | NAME: _____  | WEBSITE: _____          |                                   |

### 2. JOURNALIST

|                                  |   |
|----------------------------------|---|
| NAME: _____                      | SURNAME: _____  |
| CATEGORY:                        | <input type="checkbox"/> JOURNALIST <input type="checkbox"/> PHOTOGRAPHER <input type="checkbox"/> JOU/PH <input type="checkbox"/> RADIO REPORTER <input type="checkbox"/> RADIO TECHNICIAN<br><input type="checkbox"/> CAMERAMAN <input type="checkbox"/> TV TECHNICIAN <input type="checkbox"/> OTHER _____ |
| BIRTH DATE:                      | NATIONALITY: _____  |
| ADDRESS:                         | STREET: _____   |
|                                  | CITY: _____ POST CODE: _____ COUNTRY: _____   |
| PHONE:                           | MOBILE: + _____<br>(with area code)   |
| FAX: + _____<br>(with area code) | E-MAIL: _____   |
| PREFERRED MAILING ADDRESS:       | <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL    IMPA MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> 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

-  
-  
-  
-  
-