2026 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: (selling area) ☐ INTERNATIONAL ☐ NATIONAL ☐ REGIONAL ☐ LOCAL

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 ☐ JOU/PH ☐ RADIO REPORTER ☐ RADIO TECHNICIAN
☐ CAMERAMAN ☐ TV TECHNICIAN OTHER _____

BIRTH DATE: | DAY | MONTH | YEAR | 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

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