

2022 ONE EVENT MEDIA APPLICATION FORM

1. MEDIA

EVENT _____		EVENT DATE _____	
MEDIA NAME: _____		COUNTRY: _____	
ADDRESS:	STREET: _____		
	CITY: _____	POST CODE: _____	COUNTRY: _____
PHONE:	FAX: _____		
	(with area code)		
E-MAIL: _____	WEB: _____		
PUBLICATION:	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> MAGAZINE	<input type="checkbox"/> RADIO
	<input type="checkbox"/> WEBSITE	<input type="checkbox"/> ONLINE MAGAZINE	<input type="checkbox"/> TV PROGRAM
			<input type="checkbox"/> NEWS AGENCY
			<input type="checkbox"/> PHOTO AGENCY
TYPE:	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPORTS	<input type="checkbox"/> MOTORSPORTS
			<input type="checkbox"/> BIKES
			<input type="checkbox"/> OTHER _____
COVERAGE: (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)
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 <input type="checkbox"/> CAMERAMAN <input type="checkbox"/> TV TECHNICIAN <input type="checkbox"/> OTHER _____						
BIRTH DATE:	NATIONALITY: _____						
<table border="1" style="display: inline-table;"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	DAY	MONTH	YEAR				
DAY	MONTH	YEAR					
ADDRESS:	STREET: _____						
	CITY: _____						
	POST CODE: _____						
	COUNTRY: _____						
PHONE:	MOBILE:						
+	+						
(with area code)	(with area code)						
FAX:	E-MAIL:						
+	_____						
(with area code)							
PREFERRED MAILING ADDRESS:	IMPA MEMBER:						
<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL	<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

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