



2019 ONE EVENT MEDIA APPLICATION FORM MXGP OF ITALY – IMOLA – 17/18 AGOSTO

1. MEDIA

EVENT	MXGP IMOLA	EVENT DATE	17/18 AGOSTO
MEDIA NAME:	_____	COUNTRY:	ITALY
ADDRESS:	STREET: _____		
	CITY: _____	POST CODE: _____	COUNTRY: _____
PHONE:	_____	FAX:	_____
	(with area code)		(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 <input type="checkbox"/> WEBSITE <input type="checkbox"/> ONLINE MAGAZINE <input type="checkbox"/> TV PROGRAM <input type="checkbox"/> TV STATION OTHER _____		
TYPE:	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPORTS <input type="checkbox"/> MOTORSPORTS <input type="checkbox"/> BIKES 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 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 OTHER _____								
BIRTH DATE:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">DAY</td> <td style="width: 30px;">MONTH</td> <td style="width: 30px;">YEAR</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	DAY	MONTH	YEAR				NATIONALITY: _____	
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:	<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

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