



12/02/23 PONTE A EGOLA (PI)
19/02/23 PIETRAMURATA (TN)



ESPOSIZIONE INTERNAZIONALE
DELLE DUE RUOTE

PRESENTA

INTERNAZIONALI D'ITALIA
MOTOCROSS



2024 ONE EVENT MEDIA APPLICATION FORM

1. MEDIA

EVENT	INTERNAZIONALI D'ITALIA MOTOCROSS 2024		EVENT DATE	_____
MEDIA NAME:	_____		COUNTRY:	_____
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"/> WEBSITE	<input type="checkbox"/> ONLINE MAGAZINE	<input type="checkbox"/> TV PROGRAM	<input type="checkbox"/> TV STATION
	<input type="checkbox"/> PHOTO AGENCY <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: (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"/> CAMERAMAN	<input type="checkbox"/> TV TECHNICIAN	<input type="checkbox"/> RADIO REPORTER						
	<input type="checkbox"/> RADIO TECHNICIAN <input type="checkbox"/> OTHER _____								
BIRTH DATE:	<table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td> </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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