



## 2025 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:	<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	<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"/> RADIO REPORTER	<input type="checkbox"/> RADIO TECHNICIAN
	<input type="checkbox"/> CAMERAMAN	<input type="checkbox"/> TV TECHNICIAN	<input type="checkbox"/> 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:	<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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