

Publicity Request

In order to give the widest exposure, please send your request a minimum of 30 days prior to the event.

First Name:		Last name:	
Email Address:		Telephone:	
Unit/Organization:		Today's Date:	
What are you requesting?	News Story/Event Coverage Radio/TV Commercial	Public Service Announcement In-Studio Interview	Live Radio Broadcast Social Media Promotion
Event:		For AFN use only:	
Event Location/Date:			
Event Sponsor:			
Requirement to register in a	dvance? If yes when?		
Who is your target audience	e? (e.g. young families, paren	ts, etc):	
Point of Contact for AFN (i	f other than the person submi	itting):	
	` -	ne of an organization or agency, rather nout in commercials need to be short.	•
Additional Information:			

*If unable to "submit", please email form to: dma.sigonella.afn.mbx.afn-sigonella@mail.mil