

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: Unit/Organization:		Telephone: Today's Date:	
Event:		For AFN use only:	
Event Location/Date:			
Event Sponsor:			
Requirement to register in a	advance? If yes when?		
Who is your target audience	e? (e.g. young families, paren	its, 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.stuttgart.afn.mbx.afn-stuttgart@mail.mil