

TRAVEL MEDIA FAM TRIP REQUEST FORM

MEDIA INFORMATION

DATES/TIME OF VISIT: Must include arrival and departure information	
NAME(S) OF ATTENDING MEDIA:	
TITLE:	
PUBLICATION NAME:	
FULL PUBLICATION ADDRESS:	
TELEPHONE:	
CELL PHONE:	
FAX:	
E-MAIL:	Will you be checking while you're here? <input type="checkbox"/> Yes <input type="checkbox"/> No
CIRCULATION:	
PROJECTED DATE OF PUBLICATION:	
STORY ANGLE:	
MEDIUM:	<input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Other:
FREQUENCY OF MEDIUM:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
WOULD YOU LIKE A PRESS KIT MAILED?	<input type="checkbox"/> Yes (please include mailing address) <input type="checkbox"/> No
NAME(S) OF OTHER NON-MEDIA VISITOR(S) / RELATION TO MEDIA:	

LOCATION INFORMATION

DO YOU PREFER A MORE SCHEDULED ITINERARY OR ONE WITH MORE FREE TIME?	<input type="checkbox"/> Scheduled <input type="checkbox"/> More free time
REGION OF THE STATE	<input type="checkbox"/> Upper Peninsula <input type="checkbox"/> Lower Peninsula: Northwest Michigan <input type="checkbox"/> Lower Peninsula: Northeast Michigan <input type="checkbox"/> Lower Peninsula: West Central <input type="checkbox"/> Lower Peninsula: East Central <input type="checkbox"/> Lower Peninsula: Southwest <input type="checkbox"/> Lower Peninsula: Southeast

HOTEL INFORMATION

HOTEL NEEDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU REQUESTING:	<input type="checkbox"/> Press Rate <input type="checkbox"/> Comp Room <input type="checkbox"/> No Special Rate/Comp
SMOKING PREFERENCE:	<input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking
SPECIFIC HOTEL REQUESTS:	<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Cabins / Cottages <input type="checkbox"/> Historic Inns <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Resort
PLEASE DESCRIBE MEDIA EXPOSURE HOTEL MAY RECEIVE	

DINING

RESTAURANTS (Please list any restaurants, types of restaurants in which you prefer to dine. The more specific you are, the more we are able to customize your itinerary to fit your story.)	
PLEASE DESCRIBE MEDIA EXPOSURE RESTAURANTS MAY RECEIVE	

ITINERARY NEEDS

AREA ATTACTIONS	<input type="checkbox"/> Attractions <input type="checkbox"/> Events <input type="checkbox"/> Outdoors <input type="checkbox"/> Golf <input type="checkbox"/> Driving Tours <input type="checkbox"/> Other:
SPECIFIC INTERVIEW(S) NEEDED:	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS/QUESTIONS

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