Media Trip Request Form

The Rockford Area Convention & Visitors Bureau will assist media partners with a customized itinerary highlighting sites, attractions and other points of interest while on assignment in the Rockford region. The RACVB Communications team will review the individual media requests and determine the level of assistance and accommodations based on type of media outlet, extent of coverage, time of year and other factors. Please review our guidelines and complete the form below.

Date Media Request Submitted:

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| Writer Information | |
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| Full Name (as appears on ID): |  |
| Job Title / Position |  |
| Gender | Male:       Female: |
| Email: |  |
| Mailing Address: |  |
| City: | State:       Zip:       Country: |
| Phone: | Work:       Cell: |
| Emergency Contact: |  |
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| Media Outlet Information | |
| |  |  | | --- | --- | | Outlet Name: |  | | Are you a freelance journalist/photographer? | YES NO | | Outlet Type  Frequency: | Print / Online/ Broadcast/Other | | Circulation/Audience/Viewership: | (If Blogger) Unique Monthly Visitors: | | Distribution Area: | Target Audience:       Language: | | Website: |  | | Facebook Likes |  | | Twitter Handle / Followers |  | | Instagram Handle / Followers |  | | Additional social media channels |  | | Expected Run/Air Date: |  | | Anticipated story angle: (please include topic(s),length, and publication date) |  | |  |  | | |

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| C. Travel Arrangements |
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| |  |  | | --- | --- | | Confirmed Arrival Date: |  | | Confirmed Departure Date |  | | \*Participants (Adults): | Children (ages): |   Are you requesting assistance with accommodations?  Do you plan to include accommodations in your coverage? Will you have a car?  Have you been to the Rockford region before? If yes, how long ago?  Please select which area(s) of interest you want to learn more about :   * Adventure Travel * Family Travel * Garden/Nature * Foodie Scene * Craft Beer/Wine + Foodie Experience * Staycation * Art/Culture   Additional Information:  Emergency contact  Allergies  Health concerns/ food allergies/physical limitations  Additional comments: |
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