



## PRESS RELEASE REQUEST FORM

Your Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

**Target Release Date** (must be at least 1 week prior to event): \_\_\_\_\_

**Final Draft Approval:**

(for this option we **MUST** receive the form in the Communications Office at least **2 weeks** prior to target release date & you must provide either a fax number or e-mail)

Approved by: \_\_\_\_\_ Fax/E-mail address: \_\_\_\_\_

**Who should receive this release?** (Check all that apply)

Local Newspapers [  ]    Regional Newspapers [  ]    State Newspapers [  ]    TV/Radio [  ]  
Texas Newspapers [  ]    Arkansas Newspapers [  ]    Mississippi Newspapers [  ]

**Is this a sporting event?** [  ] Yes [  ] No

Event Description (Please include event location.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is interesting or unique about your event? Why would the public/media be interested in hearing about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quotes or people to contact for quotes (please include preferred method of contact): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What service(s) is the Convention and Visitors Bureau providing? \_\_\_\_\_  
\_\_\_\_\_

Schedule of Events & Admission Information (Please include times): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached additional information and/or promotional materials: [  ]

Media Contact (you must provide a person to handle questions and/or interview setup):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Please return completed form at least 1 week prior to targeted release date to:

Sheila Snow, Communications Director - 601 Constitution Drive, West Monroe, LA 71292

Fax: (318) 324-1752

E-mail Address: [ssnow@monroe-westmonroe.org](mailto:ssnow@monroe-westmonroe.org)

Phone: (318) 387-5691