Media Request and Approval Form

All media requests must be submitted at least 10 business days prior to deadline for routing and approval. Requests submitted less than 10 business days prior to deadline run the risk of being denied.

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| Region: | 1 | Date submitted: | 08/24/2020 | Deadline: (If known):  | 09/15/2020 |

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| **Toolkit Ad Personalization/Request to use Previously Approved Materials:** |
| Comments:  |

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| **Communication and Media Topic:** *(check all that apply)* |
| [x]  Breast cancer   [ ]  Lung cancer | [ ]  Cervical cancer[ ]  Skin cancer | [ ]  HPV vaccine[ ]  Event specific | [ ]  Colorectal cancer[ ]  General WCRS |

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| **Original Design Request** *This section is to only be completed if you are requesting a new design from the WCP media coordinator.* |
| Does your request require logos other than WCRS/WCP/WDH?*If yes, attach required logos to this request form* | [x] **Yes** [ ] **No** |
| Does your request require specific photos?*If yes, attach required photos to this request form.* | [x] **Yes** [ ] **No** |
| Purpose: (*create general awareness and knowledge or action you are evoking)* |
| Promote attendance for Ladies Night Screening Event |
| Messaging: (*list all specific messaging for your request)* |
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| Audience you are trying to reach: |
| Women aged 40-74 who need a mammogram |
| **Event Specific Information***This section should include all the information relating to the event and will be utilized when designing media.*  |
| Date: | 10/15/2020 |
| Time: | 7-9pm  |
| Location: | Cheyenne Womens Imaging Pavillion123 Mammogram LaneCheyenne, Wy |
| Event contact name: | Sally Squisher |
| Event contact phone: | 307-867-5309 |
| Event contact email: | sallysquisher@xrays.com |
| Any additional information: |
| Level of WCRS involvement: |
| [x] Organizer | [ ] Sponsor | [ ] Presenter | [ ] Exhibitor |
| [ ] Other: Partnership with WBCI and CRMC |

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| **Media Approval** *This section is to only be completed if you are requesting approval of media. Please attach the document for approval to this request form.* |
| [ ]  | Design by WCRS/fiscal agent | [ ]  | Design by external partner |
| Purpose: (*create general awareness and knowledge or action you are evoking)* |
|  |
| Messaging: (*list all specific messaging for your request)* |
|  |
| Audience you are trying to reach: |
|  |
| Media outlet/platform to be utilized: |
| [ ]  Print ad[ ]  Radio ad[ ]  TV ad[ ]  Online ad[ ]  Theater ad | [ ]  Poster[ ]  Brochure[ ]  Rack card[ ]  Postcard | [ ]  Event flyer [ ]  Direct mailer[ ]  Press release[ ]  PowerPoint Presentation  |
| [ ]  Other: |

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**To be filled out by WCP staff only**

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| Date submitted: |  | Date routed: |  |
| Date approved: |  | Date returned: |  |