



## Publicity Request

For widest exposure, please send your request a minimum of **15 duty days prior** (if applicable) of event.

\*Primary POC:

\*Secondary POC:

\*Email Address:

\*Telephone:

\*Unit/Organization:

\*Event/Program Name:

\*Event/Program Location (bldg. number, base, address, etc.):

\*Event/Program Sponsor (organization/agency):

\*Point of Contact for the audience (Please provide us the name of an organization or agency, rather than an individual, as the point of contact. Email addresses, phone numbers, or web addresses given out in commercials need to be short.):

**Additional Information** (registration deadlines, interview time preference, etc.):

\*Required Fields

### Thank you for your request!

Note: If unable to "submit", please email form to: [dma.afn.okinawa@mail.mil](mailto:dma.afn.okinawa@mail.mil)

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-- To be completed by AFN --

Services AFN will provide:  Radio/TV News Story  Live Radio Reader  Radio Remote Broadcast  
(Read live by radio DJ on air) (On-site live radio broadcast)

Radio/TV Commercial  Live Radio Interview  Social Media Promotion  
(Facebook)

Other

Denied, justification:

What level of publicity?

Theater-wide  
(All AFN Europe of Pacific)

Regional  
(Country-wide)

Local  
(Installation-level)

**What is the impact?** (Why is this important? Why will the community care? Examples: This is a commander priority; This affects their money; This affects their families; This is an opportunity to...):

**Who is the target audience?** (List all specific groups of people to target; examples: community teens; single service members; spouses, etc.; please be more specific than “everyone!” We can target more than one group with more than one product, but this works better if you’re specific.):

**What is the organization's goal for this event/program?** (What specific, measurable result is the organization looking for? Please provide numbers: increase participation over last year by 50%, get 300 volunteers, we want 20 inquiry phone calls per week, etc.):

**How soon will success be determined?** (Examples: Day of the event; one month after the campaign starts, in four months when the inspection happens, etc.):

**Feedback from the requestor:**

**Level of satisfaction of support provided by AFN**

Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied

**Was the goal of the event met?** Exceed it? By how much? (Please provide numbers: 40% more participation; only 200 volunteers instead of our goal of 300, etc.):

**If not, why?:**

**How did AFN contribute to the results of the event/program?**

**Is there any additional feedback that will help AFN better serve the requestor or other clients in the future?**