



2018 ONE EVENT NATIONAL MEDIA APPLICATION FORM

Dear Applicant,

To assure proper processing of your request, please be sure to fill in the whole form (below), attach a letter of referral from the media's editor in chief and samples of press material featuring the European Supermoto Championship and Supermoto of Nations (pdf format is preferred). **Applications must be received by no later than 2 weeks before the event at the contacts of the local organizer's press coordinator.**

Furthermore, please note the following points:

- The Media Pass will be released at the Organiser's discretion. Approbations will be notified via e-mail.
- The validity of the Media Pass is of the single event written on the pass.
- The Media Pass does not carry the right to film without XIEM authorisation. For more details contact Ms. Valentina Boccadolce, XIEM Events Coordinator, at vb@xiem.ch.
- The holder of the Media Pass agrees to abide by the rules, conditions and limitations imposed by XIEM and CMS/FIM to ensure the proper and safe running of the event.
- The designated holder of the Media Pass waives all rights and titles to any legal claim arising from any accident or damage caused in conjunction with their presence at the event.
- XIEM is the owner of the Media Pass, and have the right to withdraw it at any time without previous notice.
- The use of the Media Pass is governed by the pass conditions boards displayed at the various entrances to the track area. To enter the track, the designated holder must wear a bib or vest.
- The Media Pass must be presented in conjunction with valid identification papers upon request.
- The granting of the Media Pass does not exempt the bearer from local laws and regulations.
- Holders of the Media pass will have to **send the material published on the Round where they have been accredited** (pdf format is preferred) to vb@xiem.ch.
- Holders of the Media pass who have also been accredited to film will have to **send the material produced in the Round where they have been accredited** in a video format readable on pc to vb@xiem.ch.
- **The Media Pass can only be used by the designated holder who acknowledges and accepts the above conditions, and commits himself/herself to comply strictly with them.**

We thank you in advance for your cooperation and understanding. Our goal is to issue Media Passes to professionals only. This way we can ensure a professional working environment, and avoid any kind of abuse.

Best Regards,

XIEM

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1. MEDIA

MEDIA NAME: _____		COUNTRY: _____	
ADDRESS: STREET: _____			
CITY: _____		POST CODE: _____	COUNTRY: _____
PHONE: + _____ (with area code)	FAX: _____ (with area code)		
E-MAIL: _____		WEB: _____	
PUBLICATION: <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> MAGAZINE <input type="checkbox"/> RADIO <input type="checkbox"/> NEWS AGENCY <input type="checkbox"/> PHOTO AGENCY <input type="checkbox"/> WEBSITE <input type="checkbox"/> ONLINE MAGAZINE <input type="checkbox"/> TV PROGRAM <input type="checkbox"/> TV STATION <input type="checkbox"/> OTHER			
TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPORTS <input type="checkbox"/> MOTORSPORTS <input type="checkbox"/> BIKES <input type="checkbox"/> OTHER			
COVERAGE: <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> NATIONAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL (selling area)			
FREQUENCY: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER _____			
CIRCULATION: _____		ISSUES PER YEAR: _____	
		READERS PER YEAR: _____	
EDITOR IN CHIEF	FULL NAME: _____	EMAIL _____	PHONE (with area code) + _____
PUBLISHING GROUP	NAME _____	WEBSITE _____	

2. JOURNALIST

NAME: _____		SURNAME: _____				
CATEGORY: <input type="checkbox"/> JOURNALIST <input type="checkbox"/> PHOTOGRAPHER <input type="checkbox"/> JOU/PH <input type="checkbox"/> RADIO REPORTER <input type="checkbox"/> RADIO TECHNICIAN <input type="checkbox"/> CAMERAMAN <input type="checkbox"/> TV TECHNICIAN <input type="checkbox"/> OTHER _____						
BIRTH DATE:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">DAY</td> <td style="width: 30px; text-align: center;">MONTH</td> <td style="width: 30px; text-align: center;">YEAR</td> </tr> </table>	DAY	MONTH	YEAR	NATIONALITY: _____	
DAY	MONTH	YEAR				
ADDRESS: STREET: _____						
CITY: _____		POST CODE: _____	COUNTRY: _____			
PHONE: + _____ (with area code)	MOBILE: + _____ (with area code)					
FAX: + _____ (with area code)	E-MAIL: _____					
PREFERRED MAILING ADDRESS: <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL		IMPA MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO				

3. ADDITIONAL INFORMATIONS FOR AGENCIES AND FREELANCE JOURNALISTS

Publications supplied with text/photos/videos. Specify: name, type, coverage, frequency, circulation, editor in chief, publishing group HERE

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