



VISITRAINIER.COM

MEDIA ASSESSMENT FORM

PLEASE SUBMIT COMPLETED FORM WITH ASSIGNMENT LETTER (IF APPLICABLE) TO:

JULIE JOHNSON | JULIEJOHNSON@VISITRAINIER.COM

1. PERSONAL DETAILS

LAST NAME

FIRST NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

TELEPHONE

FAX

EMAIL

SPECIAL DIETARY RESTRICTIONS

GENDER: Female () Male ()

2. MEDIA/COMPANY DETAILS

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

TELEPHONE

FAX

EMAIL

WEBSITE



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ASSIGNMENT INFORMATION:

TITLE: _____

PUBLICATION OR PROGRAM FREQUENCY: Daily () Weekly () Biweekly () Monthly () Bimonthly ()

CIRCULATION/# VIEWERS: _____

TARGET AUDIENCE: Travel Trade () Consumer () Others, Specify () _____

If consumer, please describe the focus of the publication: _____

AUDIENCE DEMOGRAPHIC INFORMATION (INCLUDE GOOGLE ANALYTICS, IF APPLICABLE):

FOCUS OF STORY (CHECK ALL THAT APPLY):

Cities () Tour () Pleasure () Lodging () Spas () Girlfriends Getaway () Wildflowers ()

Adventure () Outdoors () Food/Wine () Skiing () Mtn. Biking () Hiking ()

OUTLINE SPECIFIC AREAS OF STORY FOCUS: _____

3. PROFESSIONAL DETAILS

Author () Photographer () Freelancer () Blogger ()

If freelance, which publications do you write for on a regular basis? If writing for an on-line publication, please provide links to latest articles.

PRIOR STAYS IN AREA

DATE(S): _____

PLACES VISITED: _____

ARTICLES PUBLISHED: _____



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DETAILS CONCERNING THIS VISIT

SPECIFIC PURPOSE OF VISIT; THEME OF ARTICLE: _____

ESTIMATED LENGTH/ON-AIR TIME OF THE PROPOSED COVERAGE: _____

ESTIMATED DATE OF PUBLICATION/BROADCAST: _____

DO YOU HAVE A BUDGET? Yes () No ()

DO YOU REQUIRE TRAVEL PLANNING ASSISTANCE? Yes () No ()

*** PROPOSED DATES OF TRAVEL:** _____

PROPOSED DATES AND TIMES OF FLIGHTS: _____

COMPLIMENTARY TICKET ACQUIRED BY JOURNALIST: Yes () No ()

IF NOT COMPLIMENTARY, ARE YOU REQUESTING ASSISTANCE FROM US? Yes () No ()

** Please let Visit Rainier know as soon as you have proposed dates in mind and we will try to accommodate your first choice. Also let us know where you will be immediately before and after your arrival to the area.*

HOTEL

NUMBER OF OVERNIGHT STAYS: _____ Single Room () Special Needs () _____

TYPE OF ACCOMMODATION: _____

4. COMMENTS - FURTHER INFORMATION

DATE ISSUED: _____ **CONTACT:** _____