



**ARCHDIOCESE OF MIAMI
COMMUNICATIONS DEPARTMENT
REQUEST FOR MEDIA COVERAGE**



Today's Date: _____

Phone: _____

What type of media coverage do you want?

All Media Newspapers Television

Other: _____

Date & Time of event: _____ **Contact Person:** _____

Type of event: _____

Where will the event be held? Monroe Miami- Dade Broward

Location/ Address: _____

Information about the event: _____

Quote for press release:

*** FORM MUST BE TURNED IN 2- 4 WEEKS PRIOR TO THE EVENT!
* NOT ALL REQUESTS MAY BE FULFILLED BY MEDIA.
*EVENTS CAN ALSO BE ADDED TO THE ARCHDIOCESE WEBSITE.**

Fax Completed form to the Communications Department (305) 751-6227
Questions/ Concerns Call (305) 762-1046 or
Email tmartinez@theadom.org