



**SOUTH DAKOTA DEPARTMENT OF TOURISM
INDEPENDENT MEDIA VISIT – REQUEST FORM**

APPLICANT INFORMATION

Full name:		
Date of Birth:	Guest Names (if applicable):	
Current address:		
City & State:	ZIP Code:	Preferred Airport:
Phone:	Mobile:	E-mail:
Desired Location to Visit:		Desired Travel Dates:
Have you visited South Dakota previously? If so, when?		
Personal Social Media Handles (<i>Twitter, Facebook, Instagram etc.</i>):		
Link to Recent Article:		

ASSIGNMENT DETAILS

For Print & Online Media	For Broadcast Media
Assignment Publication(s) Name:	Medium: Radio / Television / Internet / Other (Specify):
Position at Publication:	Name of Program(s)/Outlet(s):
Run Date:	Broadcast Needs (equipment, space etc.):
Anticipated Story Length:	Air Date/Time:
Story Angle:	Story Angle:

EMERGENCY CONTACT INFORMATION

PERSONAL INFORMATION

Name: Email: Phone:	Food Allergies: Medical Conditions: Special Requests/Notes (itinerary requests, specific interests, etc.):
Date:	
Applicant's Signature (<i>can be typed</i>):	