

**JOINT BASE ELMENDORF-RICHARDSON
& 673D AIR BASE WING
PUBLIC AFFAIRS MEDIA VISIT REQUEST
INITIAL INFORMATION SURVEY**

Please provide the following information in order that the appropriate public affairs personnel may begin processing your request to visit a U.S. Air Force unit or activity within Joint Base Elmendorf-Richardson and 673d Air Base Wing (host unit) public affairs. Be advised that submission of the following information does not constitute approval of your visit. Submit the completed document to jber.pa.mediaops@us.af.mil.

| | |
|--|--------------------------------|
| Media agency name: | |
| Media agency address (include online address): | |
| Media agency contact information (include phone and e-mail): | |
| Media agency sponsoring editor/contact (name, phone, e-mail): | |
| Circulation/distribution/frequency of your media product (i.e. readership, viewership): | |
| Internet links to past media you've created (i.e. published work, podcasts): | |
| Purpose of desired visit/intent to cover: | 2016 Arctic Thunder Open House |
| Media you plan to produce from your visit (type, number): | |
| Proposed dates of visit | 29-31 July 2016 |
| Alternate dates: (pre-ATOH coverage) | |
| Location(s) to be visited: | N/A |
| Unit(s) to be visited (if known): | |

| | | |
|--|-------------|-----------------|
| | | |
| Party member #2 | | |
| *** Please attach biography. *** | | |
| Full name: | | |
| Occupation: | | |
| Office phone: | | |
| Cell phone: | | |
| E-mail address: | | |
| SSN: | | |
| Citizenship: | | |
| Gender: | | |
| Hair & eye color: | Hair: | Eyes: |
| Height & Weight: | Height: | Weight: |
| Date of birth: | | |
| Place of birth: | | |
| Passport number & type: | Number: | Type: |
| Passport issue date and place of issue: | Issue Date: | Place of Issue: |
| Passport expiration date: | | |
| Party member #3 | | |
| *** Please attach biography. *** | | |
| Full name: | | |
| Occupation: | | |
| Office phone: | | |
| Cell phone: | | |
| E-mail address: | | |
| SSN: | | |
| Citizenship: | | |
| Gender: | | |
| Hair & eye color: | Hair: | Eyes: |
| Height & Weight: | Height: | Weight: |
| Date of birth: | | |
| Place of birth: | | |
| Passport number & type: | Number: | Type: |
| Passport issue date and place of issue: | Issue Date: | Place of Issue: |
| Passport expiration date: | | |