



DYSTONIA MEDICAL RESEARCH FOUNDATION

MEDIA CONTACT FORM

Please use this form to let us know about your media efforts! Complete the form and return it to the DMRF headquarters.

Your Name _____

Phone _____ Email _____

TYPE OF MEDIA CONTACTED & NAME?

(For example, *Harold Tribune*, KVCR, WGN, etc.)

- NEWSPAPER: _____

- TV STATION: _____

- RADIO STATION: _____

- OTHER (please specify): _____

WHO DID YOU CONTACT AT THE MEDIA SOURCE?

- NAME: _____

- POSITION: _____

- CONTACT INFO (email, telephone number, etc.): _____

WHAT WAS THE PURPOSE FOR THE CONTACT?

- PRESS RELEASE: _____

- LETTER TO THE EDITOR: _____

- INTERVIEW: _____

- OTHER (please specify): _____

DID THE CONTACT RESULT IN INFORMATION BEING PUBLISHED OR BROADCAST?

____ YES! If yes, please send clipping, video, or web address if possible.

____ NO

Thank you for your efforts to promote our activities to the media!

Return this form to:

DYSTONIA MEDICAL RESEARCH FOUNDATION

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