



SPECIAL REQUEST FORM - New Micra

Please, fill out this document in order to request your audio-visual needs:

JOURNALIST INFORMATION			
NAME:		SURNAME:	
GROUP:		EMAIL:	
COUNTRY:		PHONE NUM:	

PR INFORMATION	
NAME:	
SURNAME:	
EMAIL:	
PHONE NUM:	

SPECIAL REQUEST								
	PHOTO	VIDEO	CAR-TO- CAR	LOCATION	DATE	HOUR	DELIVERY DATE	REQUEST EXPLANATION
1								
2								
3								
4								
5								

SPECIFIC FORMAT FOR CONTENT DELIVERY			
	VIDEO:		PHOTO:
MP4		JPG	
MOV		TIF	
RAW		RAW	
OTHER:		OTHER:	

OTHER PEOPLE WHO SHOULD RECEIVE THE CONTENT	
EMAIL:	
EMAIL:	
EMAIL:	

