

Air Link Public Relations Form

EVENT INFORMATION			
Date:			Location:
Time:			Lat: N
Aircraft:	Y / N		Long: W
LZ Freq:			LZ Marking:
Requesting Agency:			Purpose:
Special Requests:			Target Audience:
Special Equipment:	(Computer / Projector)		Number Attending:

REQUESTOR INFORMATION			
Date Request Recv'd:			Requestor's Name:
Received by:			Contact Tel. #:
Alternate PR Date:			Alternate Tel. #:

APPROVAL			
Title:	APPROVAL	SIGNATURE:	REMARKS:
Program Director:	Y / N		
Chief Flight RN:	Y / N		
Base Manager:	Y / N		
Marketing:	Y / N		
Lead Comm. Spec.:	Y / N		

SPECIAL INSTRUCTIONS

REVIEW / POST EVENT COMMENTS