Please complete all sections in their entirety.

**Contact Information**

Requestor's 
First Name: ____________________  Last Name: ____________________

Organization: ____________________  Position: ____________________

Address: ____________________  City: ____________________

Country: ______________  Post/ZIP Code: __________  Tel: __________  Fax: __________

Cell: (________)  Email: ____________________  Website: ____________________

**Details of Request**  (ATTACH A SEPARATE SHEET IF NECESSARY)

Briefly indicate who the interview is for (i.e. specify name and location of media outlet, newspaper, EDU institution):

________________________________________________________________________

Provide the method you prefer the interview to be conducted (i.e. phone, web chat, in person) and specify how and in what context the interview dialogue will be used:

________________________________________________________________________

Specify who you would like to interview: (i.e. specific author, webmaster, director, content developers, etc):

________________________________________________________________________

**Terms**

• The undersigned represents that he/she has the power and authority to make and execute this assignment on behalf of their organization.

• The undersigned confirms that he/she is not providing any false information regarding any contact information or representation as noted above.

• The undersigned agrees that failure to complete this form in its entirety, and in truthfulness, will nullify the request.

• The undersigned agrees that successful completion and submission of this form does not guarantee that an interview will be granted or that the request will be approved. The requestor will be notified (via fax or email) within seven (7) days of submitting this form if the interview has been approved/rejected.

• The undersigned agrees that if this request is approved, a PreventDisease.com representative will contact the requestor (via email) during business hours to arrange dates/times for the interview. The requestor must respond within two (2) business days of such a notice, and that failure to respond within this time frame will immediately nullify this request.

X Please sign below acknowledging terms of above agreement.

Requestor's Authorized Signature ____________________  Title ____________________

Requestor's Printed Name CLEARLY ____________________  Date  / /