

## Questionnaire for journalists

1.	Na	me/s of journalist/s / TV crew :
2.	Cr	edentials of Journalist/s :
3.	Ad	dress
	De	signation the Journalist- (in the case of permanent
	••••	
	• • • •	
	• • • • •	
4.		Names of all the media (print or TV) in which the proposed journalist's work will be blished / broadcast?
	b)	Its circulation:
	c)	Readership:
	d)	Viewer ship:
		e of each of the above media for reaching our two main target groups in your country in %)?
Ū		travel trade :
	Th	e general public :
	a)	If the relevant journalist/s is/are working with the print media how the distribution of the magazine / newspaper / brochure is done?
	b)	Is it saleable or given free of charge:
	c)	How often is it published (once a week / month):
		Sri Lanka Tourist Board, No.80, Galle Road, Colombo 03, Sri Lanka Tel: +94 11 2437059/60 Fax: +94 11 2440001

Email: info@srilankatourism.org

- 5. How often is the proposed journalist's work published or broadcast in each of the above media?
- 6. Is he/she a Freelance or permanently attached to the publication /TV station?
  - ❖ If Freelance does she /he has an accreditation from the magazine confirming that the magazine has commissioned the journalist for an article on SriLanka?
  - ❖ If permanent, the publication/TV program must provide confirmation in writing to the effect that Journalist is commissioned for article/TV programme.
- 7. What are the chances of us building an ongoing relationship with the journalist for follow up events / campaign?
- 8. Have/Has the journalist/s done any previous coverage of Sri Lanka?
- 9. Were these generally positive, negative, or neutral?

10	. If negative	and	if the	journalist/s	is/are	influential,	could	this	tour	possibly	create	a
	sustainable	revers	sal in h	is / her/their	attitud	e?						
	• • • • • • • • • • • • • • • • • • • •											

11. Flight details......

Departure:

For Colombo

From any German Airport

Return:

For...any German Airport.

From...Colombo

12. Suggested itinerary:

13. Special services required :
14. Expected date of publication / broadcasting / TV coverage of Sri Lanka*
15. Other information :
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## Information to fill the Form

This sheet is to be filled by the institution/PR agency/Individual/SLTB offices / SriLankan Missions etc who are initiating such Fam trips and not by the Journalist . However Journalist's assistance may obtained to complete the required information .

There should be a written commitment from the Journalist for the information given in the form. In the case of group of journalists a separate sheet is required for each Journalist. If a group of Journalist is coming for a single story (eg. TV production Team) only the Information no 3 is required for the supporting staff.

This sheet should be sent along with a request at least 6weeks prior to the arrival of the journalist. While above information sheet is necessary for proper management of the SLTB visiting journalist programme (VJP) SLTB will be flexible as far as possible to accommodate requests on short notice etc depending on the credentials of the Journalist/Publication/Magazine.

H.E. the Ambassador/High Commiss	ioner
hereby agree to follow the condition stated below concerning the filming of ,	s împosed by the Government of Sri Lanka
(description of project) already submitte list of locations where the shooting will be brought to into the country on the u	anks will be based on the attached scrip d to the Sri Lanks Government along with the be done and the equipment that is proposed to aderstanding that it will be taken back at the carry a carnet/bank guarantee to the value of port arrival in Sri Lanks.
	requirements outlined by the National Film e Conservation / BOI / Tourist Board or any would be supervising his project.
Commission in	film will be submitted to the Embassy/High country, name) a week prior to first public y the Sri Lanken Embassy/High Commission a right of reply will be given to the Embassy are, in the event that they find any matter it the national interest of Sri Lanka.
	used in any other broadcast without the prior and the following of the procedures as stated
Name	
Name of University	**************************************