



MEDIA / PR REQUEST INTAKE FORM

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Complete all required fields marked with an asterisk (*).

1 REQUESTER INFORMATION

1. What is your full legal name? *

2. What organization, outlet, or company do you represent?

Your title or role

3. What is your email address? *

What is your telephone number? *

4. What is your mailing address?

5. Which description best fits you or your organization? *

☐ Media outlet

☐ Journalist / producer

☐ Label / industry

☐ Artist / talent

☐ Brand / partner

☐ Other

6. How should the Marketing Department contact you? *

☐ Email

☐ Telephone

☐ Either

Please retain a copy of this form and all supporting materials.



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Describe the opportunity or inquiry clearly so it can be routed efficiently.

2 MEDIA AND PUBLIC RELATIONS REQUEST

7. What type of request are you submitting? *

- ☐ Press / media inquiry ☐ Interview / comment ☐ Artist / release publicity ☐ Tour / event promotion
- ☐ Global collaboration ☐ Brand / corporate partnership ☐ Artist opportunity ☐ Brand / media assets
- ☐ Other

8. What is the title or subject of the request? *

9. Please explain the request, story, project, or opportunity in detail. *

10. Which AMCG LLC service or business area does this request involve? *

- ☐ Music management ☐ Touring / events ☐ Global collaborations ☐ Global outreach
- ☐ Corporate partnerships ☐ General brand / company ☐ Other

11. Identify the outlet, platform, event, audience, and AMCG executive, artist, or client involved.



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Provide timing, format, usage, and prior-contact information.

3 TIMING AND PROPOSED USE

12. What is your deadline, publication date, or event date? Include time zone. *

Time zone

13. How urgent is this request? *

☐ Routine ☐ Time-sensitive ☐ Urgent / same-day response requested

14. What response, participation, materials, or assistance are you requesting? *

15. List the proposed questions, discussion topics, interview agenda, or event program.

16. How will the content or appearance be recorded, published, or distributed?

☐ Live ☐ Pre-recorded ☐ Written / print ☐ Digital / social ☐ Broadcast ☐ Other

17. Is any information subject to an embargo or planned release restriction?

☐ Yes ☐ No If yes, provide the embargo date, time, and terms:

18. Describe any prior communication, approval, or coordination concerning this request.



ASAD AYAZ | CHIEF MARKETING OFFICER

MEDIA & PUBLIC RELATIONS

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Identify materials, certify the submission, and follow the sending instructions.

4 SUPPORTING MATERIALS AND AUTHORIZATION

19. List any supporting documents, links, images, releases, or event materials.

20. Will you request or use AMCG LLC names, logos, photographs, recordings, or brand assets?

☐ Yes

☐ No

If yes, describe the requested assets and intended use:

IMPORTANT NOTICE

Submitting this form does not guarantee a response, interview, appearance, quote, endorsement, access, sponsorship, partnership, or permission to use AMCG LLC brand assets. Do not represent the request as approved unless AMCG LLC provides written confirmation. The requester remains responsible for all publication, production, and event deadlines.

☐ I certify that the information is accurate and authorize AMCG LLC to review this request and contact me.

Printed name *

Signature *

Date *

SUBMISSION INSTRUCTIONS

PLEASE PRINT, SIGN, AND DATE THIS FORM BEFORE SENDING.

Submit the completed form and supporting materials:

Address to	Office of the Chief Marketing Officer, AMCG LLC
Mail to	330 West 34th Street, New York, NY 10001
Email	info@amcg-llc.com