



COMSATS University Islamabad, Lahore Campus

Defence Road, Off Raiwind Road, Lahore

Tel: 111-001-007, Office: 042-9920581

Media Coverage Request Form

To request media coverage of your event, please complete the form below.

EVENT DETAILS

Title of Event: _____

Date: _____ Location/Venue: _____

Start Time: _____ End Time: _____

Description of the event: _____

CHIEF GUEST/ VIP's (with Designation)

(1) _____

(2) _____

(3) _____

CONTACT INFORMATION

Event Focal Person: _____ Designation: _____

Contact Number: _____ Email: _____

Department: _____

- ❖ This form must be submitted no less than 7 days in advance of the event.
- ❖ Press release must be submitted 2 days before the event. It should be appx 500 words; covering all important aspects of the event.
- ❖ For contact: Extension Number 816 or visit us in Advisor Office (Admin Block)

Recommended by HOD/ In-charge _____

Approved by Director: _____

Date form Submitted _____