

Family Travel Association and Tourism FIJI  
**MEDIA COMMITMENT FORM**



May 10 - 16, 2024

Family Travel Association has proudly partnered with Tourism Fiji to offer a Media FAM Tour!  
Current FTA media members are eligible to submit an application to attend.

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**TRAVELER INFORMATION**

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**FULL NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(As it appears on passport)

**TITLE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**PASSPORT NUMBER** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_  
(MM/DD/YYYY)

**HOME AIRPORT** \_\_\_\_\_

**SEAT PREFERENCE** \_\_\_\_\_  
(Window/Middle/Aisle)

**TRAVEL INSURANCE DETAILS** \_\_\_\_\_

**BACKGROUND**

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**PUBLICATION LINK** \_\_\_\_\_

**SOCIAL MEDIA LINKS** \_\_\_\_\_

**SOCIAL MEDIA FOLLOWING** \_\_\_\_\_



**DIETARY RESTRICTIONS/FOOD ALLERGIES**

**MEDICAL CONDITIONS/PHOBIA**

**COMPANY INFORMATION**

**NAME & DETAIL OF CONTACT PERSON**

(Name/Title & Email)

*\*If different than above*

**NAME OF MEDIA OUTLET(S)**

**ABOUT THE MEDIA OUTLET(S)**

**MEDIUM OF PUBLICATIONS**

(Print/Online/Radio/TV, etc.)

**SOCIAL MEDIA INTEGRATIONS**

**ESTIMATED REACH**

**TARGET AUDIENCE**

**STORY ANGLE/OBJECTIVE OF THE FAMILY**



**ESTIMATED WORD COUNT** \_\_\_\_\_

**ESTIMATED DATE OF PUBLICATION** \_\_\_\_\_

**IMAGE/ASSET REQUIREMENTS** \_\_\_\_\_

**COVERAGE DEDICATED TO FIJI** \_\_\_\_\_

**ANTICIPATED COVERAGE OF HOST RESORTS**

\_\_\_\_\_  
**ANTICIPATED COVERAGE OF FIJI AIRWAYS**

\_\_\_\_\_  
**PLEASE LIST ANY ADDITIONAL COVERAGE OPPORTUNITIES POST-TRIP**

\_\_\_\_\_  
**DO YOU GUARANTEE COVERAGE OF A MINIMUM OF THREE (3)  
RESORTS/AIRLINE/CRUISES/TOUR OPERATORS IN FIJI?**

\_\_\_\_\_  
**ANY REQUESTS FOR SPECIFIC RESORTS, ACTIVITIES, ETC.?**  
Please note if you are scuba certified and interested in diving.

\_\_\_\_\_



IS THIS YOUR FIRST VISIT TO FIJI? \_\_\_\_\_

IF NO, WHEN WAS YOUR LAST VISIT? \_\_\_\_\_

Upon submitting this form, we kindly request that you attach the following documents:

- Letter of Commision
- Media Kit

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**EMERGENCY CONTACT**

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**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_