

# Dr. Harold L. Arnold, Jr.

## Interview Request Form

Station / Publication:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Alternate Phone:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

Interview Call-in Number :

\_\_\_\_\_

Address:

Special Details:

Please list all that apply

How will this interview be distributed?

Newspaper

Television

Radio

Email

Website

Other \_\_\_\_\_

Interview Topic:

\_\_\_\_\_

Air / Run Date:

\_\_\_\_\_

Interview Length:

\_\_\_\_\_

Host / Reporter:

\_\_\_\_\_

Is this Interview for Resale?

Will the Event be taped?

Is Transportation Provided?

**SPECIAL REQUEST:** Please send a copy of the interview to:

Dr. Harold L. Arnold, Jr.

Discovering Family International

PO Box 483

Langhorne, PA 19047

If the interview will be online

please send the link to

media@haroldarnold.com