



IN MOTION INDIVIDUAL APPLICATION

Please complete all fields relevant to the story you wish to tell. Please reach out if you have questions about what is required. The application needs to be filled out completely in one sitting. To make the process as simple as possible, we recommend that you review the application form in its entirety either online or printed out. This will allow you to gather all necessary information and documents before getting started.

PLEASE COMPLETE YOUR PERSONAL INFORMATION

NAME	REFERRED BY
_____	_____

EMAIL ADDRESS

PHONE NUMBER

CURRENT EMPLOYER / POSITION	FROM	TO
_____	MM/YY	MM/YY

PREVIOUS EMPLOYER / POSITION	FROM	TO
_____	MM/YY	MM/YY

BRIEFLY SUMMARIZE (150 WORDS OR LESS) THE STORY YOU WISH TO PUBLISH:

WHAT ARE YOU HOPING TO ACCOMPLISH WITH THE PUBLICATION OF YOUR STORY?

PLEASE DESCRIBE THE TARGET AUDIENCE FOR YOUR STORY.

IS THE NATURE OF THIS STORY PERSONAL OR PROFESSIONAL?

Personal

Professional

DOES YOUR STORY REFLECT RECENT PERSONAL OR PROFESSIONAL NEWS, OR IS IT A THOUGHT LEADERSHIP PIECE?

News

Thought Leadership

HAS A SUBSTANTIALLY SIMILAR STORY ALREADY BEEN PUBLISHED, BY YOU OR A THIRD PARTY?

Yes

No

If you answered "yes", please provide links to previously published stories.

LINKS TO PREVIOUSLY PUBLISHED STORIES

DO YOU PLAN TO WRITE THE STORY YOURSELF OR WILL YOU BE SEEKING COPY ASSISTANCE FROM US?

I'll be writing the story myself

I'd like copy assistance from a Principal Post writer or editor

PERSONAL OR PROFESSIONAL PROFILE PAGES

LINKEDIN

INSTAGRAM

FACEBOOK

TWITTER

PERSONAL WEBSITE

PROFESSIONAL WEBSITE

OTHER

OTHER

VOLUNTEER ORGANIZATIONS, CLUBS, AFFILIATIONS, AWARDS OR RECOGNITION RELEVANT TO YOUR STORY

REFERENCES RELEVANT TO YOUR STORY

LIST ALL REFERENCES. FOR EACH ONE PROVIDE NAME, RELATIONSHIP/ROLE, EMAIL, AND PHONE.

* NO REFERENCE WILL BE CONTACTED BEFORE APPLICATION ACCEPTANCE

INDIVIDUALS WHO MAY CONTRIBUTE A QUOTE TO YOUR STORY

LIST ALL REFERENCES. FOR EACH ONE PROVIDE NAME, RELATIONSHIP/ROLE, EMAIL, AND PHONE.

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UPLOAD ADDITIONAL INFORMATION AND SUPPORT MATERIALS FOR YOUR STORY



Upload File

Max file size 10MB.

ALL ADDITIONAL INFORMATION AND SUPPORT MATERIALS IN A SINGLE FILE, E.G., DOC, PDF OR ZIP.

ADD YOUR OWN COPY



Upload File

Max file size 10MB.

YOUR STORY, IN INTERVIEW FORMAT, AS YOU WISH TO SEE IT PUBLISHED.

ATTESTATION

- BY CHECKING THIS BOX, I HEREBY ATTEST THAT NONE OF THE INFORMATION PROVIDED HEREIN IS KNOWINGLY FALSE OR INTENTIONALLY MISLEADING.
- BY CHECKING THIS BOX, I HEREBY AGREE THAT MY TYPED NAME IN THE SIGNATURE FIELD BELOW IS THE LEGAL EQUIVALENT OF MY HANDWRITTEN SIGNATURE.

SIGNATURE [SIGN THIS APPLICATION BY TYPING YOUR NAME]

x
