

PRESS ACCREDITATION FORM

MEDIA INFORMATION

Media Name			
Chief Editor Title	Ms Mr		
Chief Editor Name			
Address			
City			
Country		Postal code	
Invoicing address			
City		Postal code	
Country			
Phone 1		Phone 2	
Fax		Mobile phone	
E-mail		Website	
Type of Media	Press Agency TV Monthly Daily	Radio Multimedia Press	Weekly Foreign Press
Other type			
JOURNALIST (Attach a	copy of your press card)		
Title	Ms Mr		
First and last name		Nationality	
Mobile phone		Press Card Number	
Email		ID or Passport Number	
Position	Chief Editor Heading editor TV Reporter		

 Position
 Chief Editor
 Heading editor
 TV Reporter

 Journalist
 Photographer
 CorrespondantPress

 Other Position
 Image: Correspondent Press
 Image: Correspondent Press

CONDITIONS

SIGNATURE & MEDIA STAMP

PRESS ACCESS TO THE EVENT Access to the event will be denied to any unauthorized person.	Date	
Journalist should be present himself to the reception desk with the duly completed form, press card, and a personnal document of identification.		Signature and stamp of Chief Editor