

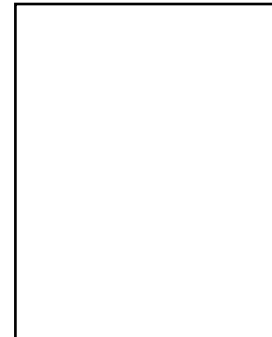


APPLICATION FOR PRESS ACCREDITATION

This application must be presented with a letter of assignment and copies of the passport or national ID card and the press card

PERSONAL DATA

Insert your picture



Title: Mr. Ms. Dr. Prof.

First name: _____

Family name: _____

Nationality: _____ **Date of birth:** _____

Permanent home address: _____

Zip code: _____ **City:** _____ **Country:** _____

MEDIA FOR WHICH ACCREDITATION IS REQUESTED

Full name of the Media Agency that you are representing:

Type of Media:

News Agency Daily Newspaper Weekly publication Periodical Internet Press Radio Television Photo
 Other *(please specify)* _____

Your capacity:

Correspondent Editor Reporter Photographer Cameraperson Technical Staff Other *(please specify)* _____

Official Mailing Address:

address: _____

Section/departement: _____ **P.O. Box (if any):** _____

Zip code: _____ **City:** _____ **Country:** _____

Telephone number with Country code and City codes: _____

Fax number with Country code and City codes: _____

Official Email address: _____

Signature: _____ **Date:** _____