

## Media Accreditation Form

*(Please type in block capitals)*

Family Name \_\_\_\_\_

First Names \_\_\_\_\_

Date and Place of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Nationality \_\_\_\_\_

Passport Number \_\_\_\_\_

Date of Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and Address of Organisation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Type of News Organisation (please specify)

Newspaper   Magazine   TV   Wire Service   Radio   Photo Agency

### Category

Correspondent   Radio Commentator   Photographer   TV Cameraperson  
TV Commentator   Technician   Other (please specify)

\_\_\_\_\_

Press Card number (or equivalent ID) and issuer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please also include an original letter of authorization from your editor or producer on your organisation's stationery. Your Press Pass will not be published without this.**

