

Media Accreditation Request Form

THIS FORM MUST RETURN BEFORE: November 27, 2017

Please fill in with type or write in capital letters!

The **Media Accreditation Request Form** must be completed in full with agency/editor signatures and stamps to ensure legitimacy of all applications. Due to the very limited number of space available, approval will be granted to media professionals only and the response will be sent to media on **November 27, 2017**.

A: GENERAL INFORMATION

Family name	First name	
Nationality	Male:	Female:
AIPS Card No.	National Press card No.	
E-mail	Telephone Number	Fax Number
Media/Organization		
Address	Zip code	City

B: FUNCTION / POSITION (please tick)

<input type="checkbox"/> Journalist	<input type="checkbox"/> Freelance	<input type="checkbox"/> Agency	<input type="checkbox"/> Daily Newspaper	<input type="checkbox"/> Magazine
<input type="checkbox"/> Weekly/ Monthly Publication	<input type="checkbox"/> Photographer	<input type="checkbox"/> Radio	<input type="checkbox"/> TV	<input type="checkbox"/> Website
<input type="checkbox"/> Commentator	<input type="checkbox"/> Technician	<input type="checkbox"/> Other		

C: AGENCY / EDITORS CONFIRMATION

Organisation			
Editor			
Mailing Address			
E-mail			
Telephone Number		Fax Number	

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Signature of Chief Editor

Stamp of Agency / Editor / Media Organisation

D: Internet Connection

Free WIFI and cable connections will be available in the Press Working Room.

Date

Signature of Applicant

Date

Signature and Stamp of Agency / Editor / Media Organisation