

Media Accreditation Form

The sections marked with "" are obligatory*

Personal Data

Title*:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs
Last Name*:	
First Name*:	
Citizenship*:	
Date of birth (day, month, year)*:	
Birthplace* :	
Phone number* : (+ country code):	
Mobile phone number (+ country code):	

Identity Document

Please select the identity document you will use to collect your badge*:	<input type="checkbox"/> Passport <input type="checkbox"/> ID cards
Passport or ID Card Number*:	
Issued by*:	
Issue date (day, month, year)*:	
Expire date (day, month, year)*:	
Press Card*:	
Press card number*:	
Issued by*:	

Issue date (day, month, year)*:	
Place of Issue*:	

Professional Data

Status*:	<input type="checkbox"/> employed by a media organisation <input type="checkbox"/> freelance/independent
Function*:	<input type="checkbox"/> Journalist <input type="checkbox"/> Photographer <input type="checkbox"/> Cameraman <input type="checkbox"/> Sound engineer <input type="checkbox"/> Technician <input type="checkbox"/> Other _____
Type of media*:	<p>Note: this field must be filled in by all applicants. If you are a freelance/independent, please indicate the media organisation for which you mainly work</p> <input type="checkbox"/> Written press <input type="checkbox"/> Press Agency <input type="checkbox"/> Photograph Agency <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Internet Site <input type="checkbox"/> Other _____
Name of the Media organisation*:	
Name of the chief editor:	
Address of the media organisation*:	Street:
	ZIP Code:
	City:
	Country:
Phone number of the media organisation:	
E-mail address of the media organisation:	
Additional comments:	

