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| **Media Accreditation Request Form** |  |
| **This foRm must return before: Friday, November 9, 2018**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 9, 2018.

**A: GENERAL INFORMATION**

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

**B: FUNCTION / POSITION** (please tick)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Journalist | [ ]  Freelance | [ ]  Agency | [ ]  Daily Newspaper | [ ]  Magazine |
| [ ]  Weekly/ Monthly Publication | [ ]  Photographer | [ ]  Radio | [ ]  TV Non Right Holder | [ ]  Website  |
| [ ]  Commentator | [ ]  Technician | [ ]  Other | [ ]  TV/Radio Right Holder |  |

**C: AGENCY / EDITORS CONFIRMATION**

|  |  |
| --- | --- |
| Organisation |       |
| Editor |       |
| Mailing Address |       |
| E-mail |       |
| Telephone Number |       | Fax Number |       |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Chief Editor |   | Stamp of Agency / Editor / Media Organisation |

**D: Internet Connection**

Free WIFI will be available in the Press Working Room.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |   | Signature of Applicant |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |   | Signature and Stamp of Agency / Editor / Media Organisation |