TheMedia Accreditation Request Form **must be filled in completely including agency/editor signatures and stamps** to ensure legitimacy of all applications. Please note that accreditation approval will be granted to professional journalists and photographers only. The data will be used for the accreditation procedure only and will not be transferred to third persons. They will be deleted after the event.

**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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Journalist / written press | Website | Agency | TV | Photographer |
| Radio | Other |  |  |  |

**C: AGENCY / EDITORS CONFIRMATION**

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

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

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