

MEDIA ACCREDITATION FORM

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FOR THE

FAMILY NAME: _____

FIRST NAME(S): _____

NATIONALITY: _____

SEX (M/ F) _____

JOB TITLE: _____

MEDIA ORGANISATION: _____

PASSPORT NO: _____

PROFESSIONAL CARD NO: _____

JOURNALIST	VIDEO CAMERA PERSON	PHOTOGRAPHIC CAMERA PERSON	TECHNICIAN	OTHER Pls specify

CONTACT ADDRESS: _____

TELEPHONES: _____

FAX: _____

E-MAIL: _____

DATE AND SIGNATURE of applicant _____

NB: Applications should reach us by Tuesday 04 March 2008.

The application form shall be sent by E-mail or by fax

