Media Accreditation Form

Please remember that each representative must fill in a separate application form which should be returned to the e-mail [*media@swpf.net*](mailto:media@swpf.net)**Deadline date: 05.06.2019.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details:** | |  |  |
| First Name |  | Family Name |  |
| Date of birth |  | Nationality |  |
| Passport No |  | Phone |  |
| E-mail |  | | |
|  |  |  |  |
| **Editor Details:** |  |  |  |
| First Name |  | Family Name |  |
| Phone |  | E-mail |  |
|  |  |  |  |
| **Media:** |  |  |  |
| Company |  | Position |  |
| Street |  | Post code |  |
| City |  | Country |  |
| Phone |  | E-mail |  |

**Function: Type of Media:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Press Journalist |  | Daily Newspaper |  |  | Portal |
|  |  |  |  |  |  |  |
|  | Internet Journalist |  | Sports Newspaper |  |  | Radio |
|  |  |  |  |  |  |  |
|  | Photographer |  | Sports Magazine |  |  | TV |
|  |  |  |  |  |  |  |
|  | TV Commentator |  | Press Agency |  |  | Other (please specify) |
|  |  |  |  |  |  |  |
|  | Radio Comenntator |  | Photo Agency |  |  |  |
|  |  |  |  |  |  |  |
|  | Non - rights holding broadcaster |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Other (please specify) |  |  |  |  |  |
|  |  |  |  |  |  |  |

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Signature of Applicant Signature of Editor and Stamp of the Media Organization

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_