Media Accreditation Form

for the Fifth Tokyo International Conference on African Development $1\ {\rm to}\ 3\ {\rm June},\ 2013-{\rm Yokohama},\ {\rm Japan}$

PERSONAL DATA	
(Please type or print clearly)	
1. Name:	
(Family name)	(First name)
2. Date of birth:	3. Nationality:
4. Sex:	5. Passport type:
6. Passport number:	7. Tel:
8. Fax:	9. E-mail:
10. Contact number during the Conference:	
DATA ON THE MEDIA ORGANIZATION YOU REPRESENT	
11. Name of organization:	
12. Address of organization:	
13. Contact person and title:	
14. Status/Ownership (please check below):	
Private \Box	Government/State \Box
Educational \Box	Other \Box (specify:)
15. Type of media (please check below):	
Daily newspaper \square	News agency/service \square Weekly Publication \square
Television \Box	Radio 🗆 Photo/visual 🗆
Other \Box (specify:)
16. Position (please check below):	
Cameraperson □ I	Director \square Photographer \square Reporter \square
Correspondent \square	Editor \square Producer \square Technician \square
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Date:	Signaturė