



別添 申請フォーム作成例（締切り：9月10日（火）（現地時間））

## MEDIA ACCREDITATION FORM

### DIPLOMATIC CONFERENCE ON THE MINAMATA CONVENTION ON MERCURY AND PREPARATORY MEETING FOR THE CONFERENCE

Kumamoto and Minamata, Japan, 7 to 11 October 2013

Please type or print clearly (do not use abbreviations) and return the completed form by **10 September 2013**  
to [sheila.logan@unep.org](mailto:sheila.logan@unep.org) / Fax: +41 22 797 34 60 along with:

- 1- A LETTER OF ASSIGNMENT FROM YOUR NEWS EDITOR OR BUREAU CHIEF
- 2- A SCANNED COPY OF YOUR ORIGINAL VALID PRESS CARD
- 3- A SCANNED COPY OF THE IDENTIFICATION PAGES OF YOUR VALID PASSPORT

PERSONAL INFORMATION			個人情報
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	FIRST NAME:	名前
		LAST NAME:	名字
NATIONALITY AND PASSPORT NUMBER:		国籍とパスポート番号	
敬称：該当項目をチェック			
NOTE: JAPAN MAY REQUIRE PARTICIPANTS TO GET A VISA			
PERMANENT OFFICE ADDRESS			事務所の連絡先
COMPLETE ADDRESS (STREET ADDRESS OR P.O. BOX, POST CODE, CITY, ...)		住所（郵便番号、住所（私書箱でも可））	
TELEPHONE: (including country and city code)	FAX: (including country and city code)	E-MAIL ADDRESS:	
電話番号 (+81-00-00)	FAX 番号 (+81-00-00)	E メールアドレス	
PERSONAL CONTACT DETAILS			あなたへの直接の連絡先
COMPLETE ADDRESS (STREET ADDRESS OR P.O. BOX, POST CODE, CITY, ...)		住所（郵便番号、住所（私書箱でも可））	
TELEPHONE: (including country and city code)	FAX: (including country and city code)	E-MAIL ADDRESS:	
電話番号 (+81-00-00)	FAX 番号 (+81-00-00)	E メールアドレス	
MEDIA ORGANIZATION INFORMATION			所属会社情報
NAME OF THE ORGANIZATION:		会社名	
PRESS CARD NUMBER:		記者証番号	
SUPERVISOR'S TITLE AND CONTACT DETAILS:		上司の役職と連絡	
WORKING LANGUAGE(S) OF YOUR ORGANIZATION:		あなたの報道組織での使用言語	
YOUR MAIN NEWS TOPIC(S) OR FIELD(S) OF COVERAGE:		あなたの主な報道専門分野	
TYPE OF MEDIUM (CHECK AS MANY AS NECESSARY):		POSITION:	
<input type="checkbox"/> NEWS AGENCY / WIRE SERVICE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> TELEVISION BROADCASTER <input type="checkbox"/> RADIO <input type="checkbox"/> PHOTO / VISUAL SERVICE <input type="checkbox"/> MAGAZINE / JOURNAL <input type="checkbox"/> BLOG / INTERNET-BASED NEWS <input type="checkbox"/> OTHER (SPECIFY) _____		<input type="checkbox"/> CORRESPONDENT <input type="checkbox"/> EDITOR <input type="checkbox"/> REPORTER <input type="checkbox"/> PRODUCER <input type="checkbox"/> TECHNICIAN <input type="checkbox"/> CAMERAPERSON <input type="checkbox"/> PHOTOGRAPHER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> OTHER (SPECIFY) _____	