

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