



MEDIA ACCREDITATION



PD-WT/17

SWATCH FIVB WORLD TOUR 2010

WT/17

Please type or write
in capital letters

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**PLEASE SUBMIT THIS FORM AND A PASSPORT-SIZED PHOTOGRAPH
TO THE LOCAL ORGANIZERS OF THE EVENT CONCERNED**

EVENT VENUE:

1. PERSONAL DATA

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

ZIP Code:

COUNTRY:

PHONE (home):

FAX (home):

PHONE (office):

FAX (office):

MOBILE PHONE:

E-MAIL:

SEX:

F	M
<input type="checkbox"/>	<input type="checkbox"/>

NATIONALITY:

NATIONAL PRESS CARD No:

ISSUED:

day

month

year

IN:

AIPS CARD No:
(if any)

ISSUED:

day

month

year

IN:



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EVENT VENUE:

2. TYPE OF MEDIA

- INTERNATIONAL PRESS AGENCY
- NATIONAL PRESS AGENCY
- DAILY NEWSPAPER
- DAILY SPORTS NEWSPAPER
- WEEKLY/MONTHLY NEWSPAPER
- ONLINE WEBSITES
- VOLLEYBALL MAGAZINE
- TV COMMENTATOR
- RADIO COMMENTATOR
- PHOTOGRAPHER (tick another box too)
- TV/RADIO TECHNICIAN
- FREELANCE

3. ORGANISATION:

ADDRESS:	
ZIP & CITY:	
COUNTRY:	
PHONE:	
FAX:	
EMAIL:	

PLACE AND DATE:

SIGNATURE: