



MEDIA ACCREDITATION FORM

FAMILY NAME			FIRST NAME		MIDDLE NAME		
SEX: Female M		Male	Job Title:				
DUTIES TO BE P	ERFORM	IED DURING T	HE COVERAGE:				
JOURNALIST/ REPORTER		VIDEO CAMERAMAN	PHOTOGRAPHER	TECHNICIAN		OTHERS: (Please specify)	
OFFICE ADDRES							
CONTACT PERS				TITLE:			
TELEP	HONE N	OS.	MOBILE NO.	FAX	X	Email:	
WEBSITE							
I hereby agree to the terms and conditions for using the ID/Badge and commit to adhering to the coverage rules and guidelines set forth by the Organizing Committee. I acknowledge that the Organizing Committee possesses sole discretion in approving media accreditation and reserves the right to limit the number of accreditations and revoke any issued badges and IDs in the event of a violation or for reasons deemed in the best interest of the event. I understand that the ID is non-transferable. NO REGISTRATION FEES ARE ASSESSED FOR ACCREDITATION.							
		SIGNATO					
	FOR SECRETARIAT USE ONLY:						
ID/BADGE N	O.	STATUS	APPROV	ED DISAPPROVED			
		MEDI	A COMMITTEE HEAI	D			

Photo 2x2	DATE:	
	REFERENCE:	
AGUIO FLOWER FESTIVAL cretariat@panagbengaflowerfestival.c	FOUNDATION, INC. om Telefax: 074 4424315	

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International Festivals & Events Association