



MEDIA ACCREDITATION FORM

FAMILY NAME		FIRST NAME		MIDDLE NAME	
SEX: Female	Male	Job Title:			
DUTIES TO BE PERFORMED DURING THE COVERAGE:					
JOURNALIST/ REPORTER	VIDEO CAMERAMAN	PHOTOGRAPHER	TECHNICIAN	OTHERS: (Please specify)	
OFFICE ADDRESS:					
CONTACT PERSON:		TITLE:			
TELEPHONE NOS.		MOBILE NO.	FAX	Email:	
WEBSITE					
<p>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.</p> <p style="text-align: center;">SIGNATURE ABOVE PRINTED NAME</p>					
FOR SECRETARIAT USE ONLY:					
ID/BADGE NO.	STATUS	APPROVED	DISAPPROVED		



Photo 2x2

MEDIA COMMITTEE HEAD

DATE: _____

REFERENCE: _____

