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| Please email or fax to Organizing Committee at:  [echmaribor2015@shooting.si](mailto:echmaribor2015@shooting.si) or +386 1 428 0583 |

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| MEDIA ACCREDITATION FORM | | Please return by | | | 18th JUN 2015 |
| Name of federation |  | | Nation  (3 letter code) |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please check the applicable media: | TV | RADIO | AGENCY | MAGAZINE | PHOTO | JOURNALIST | OTHERS |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Information | | | | | | | | | | | | | |
| Family name |  | | | | | | | | First name | |  | | |
| Media |  | | | | | | | | | | | | |
| AIPS member and card no. | | |  | Yes |  | No |  | | Card number | |  | | |
| Passport number | |  | | | | | | Place of issue | |  | | Date of expiry |  |
| Address |  | | | | | | | | | | | | |
| Phone number |  | | | | | | | | Fax number | |  | | |
| Mobile number |  | | | | | | | | E-mail address | |  | | |
| Comments |  | | | | | | | | | | | | |

|  |
| --- |
| Hotel |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Travel information | | | | | | | | |
| Arrival | | | | Departure | | | | |
| Airport | Rail | Car |  | Airport | Rail | | Car |  |
| Date |  | | | Date | |  | | |
| Time |  | | | Time | |  | | |
| Flight no. |  | | | Flight no. | |  | | |
| From (airport) |  | | | From (airport) | |  | | |

|  |  |
| --- | --- |
| Local transfer from airport to the official hotel(s) and back at arrival / departure is required? | |
| □ YES | □ NO |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature of Team Leader |