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| Please email or fax to Organizing Committee at:echbolognatolmezzo2019@gmail.com |

 |
| MEDIAACCREDITATION FORM | Please return by | to Organizing Committee |
| name of federation | 14 JUL 2019 |  |
|  |
| 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 |  |