



DURBAN REVIEW CONFERENCE

Geneva, Switzerland, 20-24 April 2009

REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVES

Note: This application must be presented with a letter of assignment in order to be processed.

PERSONAL DATA

1. Name: _____
(Family name) (First name)
2. Place and date of birth: _____
3. Nationality: _____ 4. Passport number: _____

DATA ON THE MEDIA ORGANIZATION YOU REPRESENT

5. Name of organization: _____
6. Contact person and title: _____
7. Headquarters mailing address: _____

Telephone: _____ Fax: _____ E-mail: _____

8. Country: _____
- Permanent office address (if different from your organization's headquarters): _____

Telephone: _____ Fax: _____ E-mail: _____

9. Status/Ownership:

- ☐ Education/Public
☐ Private

- ☐ Government/State
☐ Other (specify): _____

10. Type of medium (check as many as necessary):

- ☐ Daily Newspaper
☐ News agency/service
☐ Photo/visual service

- ☐ Radio
☐ Television
☐ Weekly publication

☐ Other (specify): _____

11. Position:

- ☐ Cameraperson
☐ Correspondent
☐ Director

- ☐ Editor
☐ Photographer
☐ Producer

- ☐ Reporter
☐ Technician
☐ Other (specify): _____

