



MEDIA ACCREDITATION FORM
2012 CEV Volleyball Champions League

1. Personal Data

Last name:

First Name:

Address:

ZIP & Country:

Phone:

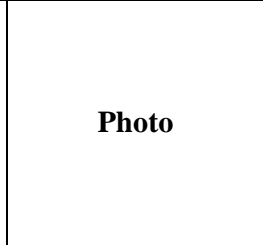
Mobile phone:

Fax:

E-mail:

Date of birth: Sex: Nationality:

AIPS card number: National press card number:



2. Type of media and organisation

This section **must** be filled out in order to get an accreditation for the event.
In case of freelance & photographer please indicate the media you will work for during this event.

<input type="checkbox"/> International Press Agency	<input type="checkbox"/> National Press Agency	<input type="checkbox"/> Daily Newspaper	<input type="checkbox"/> Daily Sports Newspaper
<input type="checkbox"/> Weekly Newspaper	<input type="checkbox"/> Monthly Newspaper	<input type="checkbox"/> Volleyball Magazine	<input type="checkbox"/> Photographer (tick another box too)
<input type="checkbox"/> TV Commentator	<input type="checkbox"/> Radio Commentator	<input type="checkbox"/> TV/Radio Technician	<input type="checkbox"/> Free-Lance (tick another box too)

Media name:

Address:

City & Country:

Phone: Fax:

Signature: