



REQUEST FOR PRESS ACCREDITATION

APPLICATION FORM TO BE PRESENTED COMPLETED AT THE FAIR WITH YOUR PRESS CARD

Any request without card press can't be treated

First name : _____ Name : _____

Media : _____ Function : _____

Card press number : _____ Expiry Date : _____

Address : _____

Postcode : _____ City : _____ Country : _____

Phone number : _____ Cell phone number : _____

Email : _____

Surround the correct mentions :

Print média : National | International

Periodicity : Daily paper | Weekly | Semimonthly | Monthly magazine | Bimonthly |
Quarterly (or other : specify _____)

Radio : National | International

TV : National | International

Press agency : National | International

Press photographer : National | International

Website : National | International