

REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVES

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

Type of accreditation applied for	
Annual	
Individual meeting (please specify)	
From (date)	To (date)
Personal Information	
Surname/Family name	
First/Given name	
Place and date of birth	
Nationality	
Office address (if different from your organization's headquarters)	
(Telephone)	(Mobile)
	(Email)
Data on the media organization you represent	
Name of organization Contact person and title Headquarters address	Status/Ownership Educational/Public Government/State Private Other (please specify)
(Telephone) (Fax) (Email) (Website)	Type of medium (tick as many as necessary) Daily newspaper News agency/service Photo/Visual service Radio Television Trade or industry publication Online journal / blogger Other (please specify)
Main working language of your media organization	Your position Editor
Main news topics or fields of coverage (if applicable) Please complete this form and return it, with a letter of assignme Public Information Services International Maritime Organization media@imo.org or by post to the address above	Reporter Photographer Correspondent Producer Director Camera person Technician Other (please specify)