



Brussels, 16-17 November 2009

## PRESS ACCREDITATION FORM

Please send completed forms to [events@erec.org](mailto:events@erec.org) or Fax to +32 2 546 19 34

(Please type or print in block capitals)

Title .....

First Name ..... Last Name: .....

Date of Birth ..... Nationality .....

Passport Number ..... Issued on .....

Name and Address of Media .....

.....

.....

Press Card (or equivalent ID) number and issuer .....

Tel ..... Mobile .....

Fax ..... Email .....

Type of News Organisation (please indicate v )

Newspaper  Magazine  TV  Radio  Photo Agency

Function

Correspondent  Radio Reporter  Photographer  TV Cameraperson  TV Reporter  
 Other (please specify).....

*The undersigned hereby confirms that the information above is correct.*

Signature and Date

.....