



Accreditation Form Media

Closing date for Application April 30, 2003.

Please use block letters

Personal Information

Family name	<input type="text"/>	First name	<input type="text"/>
Date of birth	<input type="text"/>	<input type="radio"/> Male / <input type="radio"/> Female	
Address	<input type="text"/>		
Postal code	<input type="text"/>		
City / Country	<input type="text"/>		
Passport number	<input type="text"/>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; vertical-align: middle;">Photo</div>	
Nationality	<input type="text"/>		
Telephone number	<input type="text"/>		
Mobile	<input type="text"/>		
Fax number	<input type="text"/>		
Email	<input type="text"/>		
National press card	<input type="text"/>		
AIPS-number	<input type="text"/>		
Function	<input type="radio"/> Journalist / <input type="radio"/> Photographer / <input type="radio"/> TV / <input type="radio"/> Radio		

Date of arrival May ____ 2003 Date of departure May ____ 2003

Represented Organisation Information

Organisation	<input type="text"/>
Org. contact person and title	<input type="text"/>
Org. address	<input type="text"/>
Postal code	<input type="text"/>
City / Country	<input type="text"/>
Telephone number	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Special needs Telephone line Internet connection

Others

Date

Signature

Received

Signature

Accreditation Form must be returned latest April 30, 2003 by mail or fax to:

Swiss Unihockey, WFC 2003, Haus des Sportes, Postfach, CH-3000 Bern 32, Switzerland
Fax +41 31 359 72 49, wfc2003@swissunihockey.ch