



**NORTH ATLANTIC COUNCIL IN DEFENCE MINISTERS SESSION
BRUSSELS - 12 JUNE, 1997
NATO DEFENCE MINISTERS WITH CO-OPERATION PARTNERS
BRUSSELS - 13 JUNE, 1997**

REQUEST FOR ACCREDITATION

Note: - Please type or use block letters

Family Name : Male Female

First Name :

Date of Birth : Day/Month...../Year...../Place.....

Address :

Phone No. prior to meetings : Fax No. prior to meetings :

Nationality :

Passport No. : Issued by :

Press Card No. : Issued by :

(Tick where appropriate)

(Tick where appropriate)

<input type="checkbox"/> News Agency	<input type="checkbox"/> Television
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio
<input type="checkbox"/> Magazine	<input type="checkbox"/> Photo Agency

<input type="checkbox"/> Journalist	<input type="checkbox"/> Photographer
<input type="checkbox"/> Producer	<input type="checkbox"/> Technician
<input type="checkbox"/> Cameraman	<input type="checkbox"/> Other :

Name of Media Organization :

Home Country of Media Organization :

I agree to the above mentioned data being stored and used in connection with my accreditation.

Date : 1997

Signature :

PLEASE RETURN BEFORE 6 JUNE 1997