



**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)*

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <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 |

*(Tick where appropriate)*

- |                                     |  |
|-------------------------------------|--|
| <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**

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