



NATO FOREIGN MINISTERS MEETINGS

16-17 DECEMBER 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 11 DECEMBER 1997