



NORTH ATLANTIC COUNCIL IN DEFENCE MINISTERS SESSION
 BRUSSELS - 11 JUNE, 1998
 NATO DEFENCE MINISTERS/WITH CO-OPERATION PARTNERS
 BRUSSELS - 12 JUNE, 1998

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)

- | | | | |
|-------------|--------------|------------|---------------|
| News Agency | Television | Journalist | Photographer |
| Newspaper | Radio | Producer | Technician |
| Magazine | Photo Agency | Camerman | 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 : 1998

Signature :

PLEASE RETURN BEFORE 6 JUNE 1998

