



## PRESS ACCREDITATION FORM

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PLEASE RETURN THE COMPLETED FORM BEFORE 5th OCTOBER 2018

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First name: \_\_\_\_\_ Surname \_\_\_\_\_

Media : Title \_\_\_\_\_

Press card n° \_\_\_\_\_

Expiry date \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_