



MEDIA ACCREDITATION FORM

EUROPEAN SENIOR CHAMPIONSHIPS Alcobendas (Spa), July 14 to 19 2014

**FAMILY NAME
(MR/MRS/Ms):** _____

FIRST NAME(S): _____

NATIONALITY: _____

SEX (M/ F) _____

NAME OF THE MEDIA: _____

POSITION: _____

PROFESSIONAL CARD NUMBER: _____

AIPS CARD NUMBER: _____

JOURNALIST	VIDEO OPERATOR	PHOTO- GRAPHER	TECHNICIAN	OTHER Pls specify

MOBILE TELEPHONE: _____

E-MAIL: _____

The filled form has to be sent to press@cerh.eu not later than Monday July 7.
Request sent after this date will not be taken in consideration.

A confirmation (or less) will be sent not later than Tuesday July 8.

*Cerh Press Office
press@cerh.eu
Mobile: +39 320 4306729
Fax: +39 522 019984*