

EUROPEAN
CUPS

CEV CUP

MEDIA ACCREDITATION FORM
2008/09 CEV Cup
Men's Final Four – Athens (Greece)
March 21-22, 2009

1. Personal Data

Last name:	<input type="text"/>	Photo		
First Name:	<input type="text"/>			
Address:	<input type="text"/>			
ZIP & Country:	<input type="text"/>			
Phone:	<input type="text"/>			
Mobile phone:	<input type="text"/>			
Fax:	<input type="text"/>			
E-mail:	<input type="text"/>			
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/>		Sex: <input type="text"/>	Nationality: <input type="text"/>
AIPS card number:	<input type="text"/>		National press card number:	<input type="text"/>

2. Type of media and organisation

This section **must** be filled out in order to get an accreditation for the event.
In case of freelance & photographer please indicate the media you will work for during this event.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> International Press Agency | <input type="checkbox"/> National Press Agency | <input type="checkbox"/> Daily Newspaper | <input type="checkbox"/> Daily Sports Newspaper |
| <input type="checkbox"/> Weekly Newspaper | <input type="checkbox"/> Monthly Newspaper | <input type="checkbox"/> Volleyball Magazine | <input type="checkbox"/> Photographer (tick another box too) |
| <input type="checkbox"/> TV Commentator | <input type="checkbox"/> Radio Commentator | <input type="checkbox"/> TV/Radio Technician | <input type="checkbox"/> Free-Lance (tick another box too) |

Media name:	<input type="text"/>		
Address:	<input type="text"/>		
City & Country	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>

Signature:

Please return this form to the local Organizer, i.e. the club of Panathinaikos ATHENS and namely to the local Press Officer, Ms. Penny Rontogianni (pennyront13@hotmail.com)