



MEDIA ACCREDITATION FORM



Photograph

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ACCREDITATION FORM FOR JOURNALISTS
FOR THE 9th ORDINARY SESSION OF THE ASSEMBLY
OF THE AFRICAN UNION
ACCRA GHANA 25 June – 3 July 2007

FAMILY NAME (MR/MRS/Ms): _____

FIRST NAME(S): _____

NATIONALITY: _____

SEX (M/ F) _____

JOB TITLE: _____

MEDIA ORGANISATION: _____

PASSPORT NO: _____

PROFESSIONAL CARD NO: _____

CONTACT ADDRESS: _____

TELEPHONES: _____

FAX: _____

E-MAIL: _____

TIME AND DATE OF ARRIVAL: _____

FLIGHT NO: _____

DATE of APPLICATION AND SIGNATURE _____

FOR OFFICE USE ONLY

BADGE No.

The application form and the photographs shall be scanned and sent by E-mail or by mail or submitted by hand (sending photographs by fax is unacceptable).