**Accreditation request form**

Firm – Publication – Agency.

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Special representatives.

Surname and firstname Position Press card No.

(attach photocopy)

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Car – Make Registration No.

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Motor cycle – Make Registration No.

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Fitted with receiver: yes/no

Requires place in organisation car: yes/no

Press room.

No. of places required:

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Transmission media required: Telephone yes/no

- Fax yes/no

- Internet acces point yes/no

Firms – Publication – Agency seal

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Date + signature:

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Information regarding our event is to be sent to the following address:

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Deadline:

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Questionnaire to be returned no later than:

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