





## **MEDIA ACCREDITATION FORM**

1. COMPANY			
PUBLISHING COMPANY NAME:			
PUBLICATION NAME:		COUNTRY	
ADDRESS:	STREET: _		
	CITY:		POST CODE
	COUNTRY: _		
	area code)		
(meidde	area code)		
E-MAIL:		WEB:	
PUBLICATION:	NEWSPAPER	MAGAZINE	FREE PUBLIC. RADIO
PUBLICATION. [	NEWSPAPER	MAGAZINE	REE POBLICRADIO
	NEWS AGENCY	PHOTO AGENCY	OTHER:
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TYPE:	GENERAL	SPORTS	MOTORSPORTS
	BIKES	OTHER	
2. PERSONAL DETAILS			
NAME:		SURNAME:	
CATEGORY:	JOURNALIST	PHOTOGRAPHER	CAMERA (prior the circuit approval)
BIRTH DATE:		NATIONALITY:	
ADDRESS:	STREET:		
(	CITY:	POST CODE:	COUNTRY:
PHONE:		MOBILE:	
FAX:		E-MAIL:-	

## THIS APPLICATION FORM SHOULD BE SENT BY EMAIL TO:

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