

**MEDIA ACCREDITATION FORM  
2023**

**1. COMPANY**

PUBLISHING COMPANY NAME: \_\_\_\_\_

PUBLICATION NAME: \_\_\_\_\_ COUNTRY \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ POST CODE \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_  
(Include area code)

E-MAIL: \_\_\_\_\_ WEB: \_\_\_\_\_

PUBLICATION:  NEWSPAPER  MAGAZINE  FREE PUBLIC.  RADIO  
 NEWS AGENCY  PHOTO AGENCY  OTHER:

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:**

[abdulaziz@qmmf.com.qa](mailto:abdulaziz@qmmf.com.qa)