****

**Dhaka, Bangladesh**

**10-12 December 2016**

|  |
| --- |
| **REQUEST FOR MEDIA ACCREDITATION**NOTE: This application MUST BE presented with a letter of assignment, in order to be processed.For requirements and accreditation process please go to: www.gfmd.org  |
| **PERSONAL INFORMATION** |
| **1. Family Name:** | **First Name (s):** |
| **2. Date of Birth** | **3. Place of Birth** | **4. Nationality** | **5. ID Number/Passport number** |
| **6. Permanent Office***(if different from your organization’s headquarters):**E-mail address:**Telephone:**Fax:* | **7. Contact details during the conference:***Address:**E-mail address:**Telephone:**Mobile:**Fax:* |
| **MEDIA ORGANIZATION****8. Name of the organization** |
| **9. Contact person and title** |
| **10. Mailing address***Telephone: Fax: Email:* |
| **11. Status/Ownership** **Government/State Private Other** |
| **12. Type of medium** *(check as many as necessary)* **Daily Newspaper News agency/service Radio** **Photo/visual service Television Other (specify)** |
| **13. Position** **Cameraperson Director Photographer** **Correspondent Editor Producer** **Reporter Technician Other (specify)** |
| **14. Working language (s) of your media organization)** |
| **15. Your main news topic (s) or field (s) of coverage (if applicable)** |
| **16. Previous coverage of GFMD event? When? Experiences?**  |