****

**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?** | | | | |