



MEDIA ACCREDITATION FORM



24th ORDINARY SESSION OF THE SUMMIT OF THE AFRICAN UNION
Addis Ababa, Ethiopia 23-31 January 2015

Photograph

PERSONAL INFORMATION

(MR/MRS/Ms): _____

FAMILY NAME: _____

FIRST NAME(S): _____

NATIONALITY: _____

SEX (M / F) _____ PASSPORT NO: _____

NAME OF MEDIA ORGANISATION: _____

CITY AND COUNTRY: _____

JOB TITLE: _____

PROFESSIONAL CARD NO: _____

CONTACT ADDRESS: _____

TELEPHONES: _____

FAX: _____

E-MAIL: _____

WEB ADDRESS: _____

MEDIA TYPE

<input type="radio"/> Magazine	<input type="radio"/> Radio	<input type="radio"/> Online	<input type="radio"/> News Agency	Other Pls Specify
<input type="radio"/> Newspaper	<input type="radio"/> Television	<input type="radio"/> Photo Agency	<input type="radio"/> Radio &TV	

Duties to be performed during the Summit (tick or enter as appropriate)

<input type="radio"/> Reporter/ Correspondent	<input type="radio"/> Editor	<input type="radio"/> Video Cameraperson	<input type="radio"/> Technician	Other Pls Specify
<input type="radio"/> Producer	<input type="radio"/> Director	<input type="radio"/> Photographer		

REPORTING LANGUAGE: _____

TIME AND DATE OF ARRIVAL: _____ FLIGHT NO: _____

DATE AND SIGNATURE OF APPLICANT: _____

¹ **NB: Applications should reach the contact below before Friday 16th January 2015.**

The application form and the photographs shall be scanned, sent by e-mail or fax, by mail or be submitted by hand (sending photographs by fax is unacceptable). Address for mailing is:

Attn. Mrs. Rahel Akalewold

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