



MEDIA ACCREDITATION FORM

**31st ORDINARY SESSION OF THE ASSEMBLY OF HEADS
OF STATE AND GOVERNMENT OF THE AFRICAN UNION
25th June – 2nd July 2018
Nouakchott, Mauritania**

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:

Magazine	Radio	Online	News Agency	Other Pls Specify
Newspaper	Television	Photo Agency	Radio &TV	

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

Reporter/ Correspondent	Editor	Video Cameraperson	Technician	Other Pls Specify
Producer	Director	Photographer		

REPORTING LANGUAGE: _____

TIME AND DATE OF ARRIVAL: _____ FLIGHT NO: _____

DATE AND SIGNATURE OF APPLICANT: _____

NB: Applications should reach the contact below before 20 June 2018

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