



# MEDIA ACCREDITATION FORM



21<sup>st</sup> ORDINARY SESSION OF THE SUMMIT OF THE AFRICAN UNION  
Addis Ababa, Ethiopia 19- 27 May 2013

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: \_\_\_\_\_

<sup>1</sup> **NB: Applications should reach the contact below before Monday 13 May 2013.**

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

Directorate of Information and Communication; African Union Commission

PO Box 3243

Addis Ababa, Ethiopia

E-mail: [Rahela@africa-union.org](mailto:Rahela@africa-union.org); Fax: +251 11 5182088; Tel: +251 11 518 2551