MEDIA ACCREDITATION FORM

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

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: ___________________

1 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; Fax: +251 11 5182088; Tel: +251 11 518 2551

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