

MEDIA ACCREDITATION FORM
TO BE SENT TO: info@capriNapoli.com

MEDIA			
PERSONAL INFORMATION			
Country:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name:		First Name:	
Address:		Zip code:	
City:		Province/State:	
Date of birth:		Place of birth:	
Nationality:			
T-shirt size:		Passport number:	
Place of issue:		Date of issue:	
Telephone:		E-mail:	
PROFESSIONAL INFORMATION			
Media name:		Position:	
Country:			
City:		Province/State:	
Telephone:		E-mail:	
TYPE OF MEDIA			
<input type="checkbox"/> Daily newspaper	<input type="checkbox"/> Sport newspaper	<input type="checkbox"/> Sport magazine	
<input type="checkbox"/> Press Agency	<input type="checkbox"/> Photo Agency	<input type="checkbox"/> radio	
<input type="checkbox"/> TV	<input type="checkbox"/> Other (specify) :		
FUNCTION			
<input type="checkbox"/> Press journalist	<input type="checkbox"/> Internet journalist	<input type="checkbox"/> TV commentator	<input type="checkbox"/> Radio commentator
<input type="checkbox"/> Technical staff TV	<input type="checkbox"/> Techn. staff radio	<input type="checkbox"/> Other (specify) :	
Date & Signature of applicant:			
Stamp of Media Organization:			