

APPLICATION

I wish to apply for Media Accreditation to the ACP Summit 2002

Family Name: _____

First Names: _____

Date of birth (DD-MM-YY): _____

Place of birth: _____

Nationality: _____

Passport Number *(Foreign Journalists only)*:

Date of Expiry (DD-MM-YY) *(Foreign Journalists only)*:

Name of Media Organisation: _____

Job Title: _____

Address of Organisation: _____

Country: _____

Tel: _____

Fax: _____

Applicant's Postal Address: _____

Country: _____

Tel: _____

Fax: _____

Mobile Phone: _____
(please include country and area code for telephone, fax and mobile no's)

Email: _____

Press Card Number (or equivalent ID) and issuer:
(Foreign Journalists only) _____

Official Signature for Organisation:

Signee's Position in Organisation:

Applicant's Signature:

COMPANY STAMP

I have duly noted the obligations concerning this application and undertake to comply with them.

All applications to be accompanied by a letter on original letterhead of the media organisation represented

JOB AND ORGANISATION CATEGORY

Please tick the following that best describes your job and the organisation you will be representing

Job Editor
Correspondent
Reporter
Feature writer

Newspaper Daily
Weekly
Monthly
Circulation

Magazine Weekly
Monthly
Bimonthly
Circulation

Photographer Agency
Newspaper
Freelance
Official

TV Producer
Correspondent/Commentator
Camera operator
Technician

Radio Producer
Correspondent/Commentator
Technician

Internet Correspondent

Other (please specify) _____

Please attach 1 passport sized photograph



Office Use Only
Date received:

MEDIA CENTRE QUESTIONS**Are you bringing a computer?**

-NO
-YES Manufacturer _____
- Model # _____
- Serial # _____
- Mac Address (Unique Network Interface Address)
- _____

Do you want internet Access?

-NO
-YES
- a) Dialup via prepaid Telecard
- b) Connect to network via ethernet cable (RJ-45) .
- c) Connect to network via wireless (802.11)

Do you want to use a media centre computer?

-NO
-YES - Computers are connected to internet permanently

Do you want telephone access?

-NO
-YES

Do you want facsimile access?

-NO
-YES

Please Deliver this form to:

Fax No: +679 330 3146 or +679 330 8887

Postal Address: ACP Media Accreditation, PO Box 2225, Government Buildings, Suva, Fiji

If you have any questions please email: acp@fiji.gov.fj