

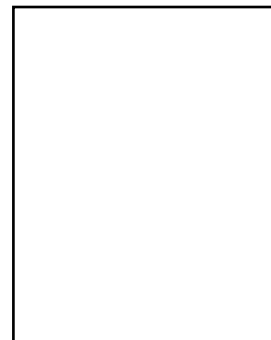
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APPLICATION FOR PRESS ACCREDITATION

This application must be presented with a letter of assignment and copies of the passport or national ID card and the press card

PERSONAL DATA

Insert your picture



Title: Mr. Ms. Dr. Prof.

First name: _____

Family name: _____

Nationality: _____ Date of birth: _____

Permanent home address: _____

Zip code: _____ City: _____ Country: _____

MEDIA FOR WHICH ACCREDITATION IS REQUESTED

Full name of the Media Agency that you are representing: _____

Type of Media:

News Agency Daily Newspaper Weekly publication Periodical Internet Press Radio Television Photo
 Other (please specify) _____

Your capacity:

Correspondent Editor Reporter Photographer Cameraperson Technical Staff Other (please specify) _____

Official Mailing Address:

address: _____

Section/departement: _____ P.O. Box (if any): _____

Zip code: _____ City: _____ Country: _____

Telephone number with Country code and City codes: _____

Fax number with Country code and City codes: _____

Official Email address: _____

Signature: _____ Date: _____