

PRESS ACCREDITATION FORM

* PERSONAL INFORMATION

FIRST NAME	_____
LAST NAME	_____
BIRTH DATE	_____

PROFESSIONAL INFORMATION

MEDIA NAME	_____				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESS	PHOTO	TV	RADIO	AGENCY	INTERNET
POSITION	_____				
TEL.:	_____				
FAX:	_____				
E-MAIL:	_____				
WEB-SITE:	_____				
DATE OF PUBLICATION (BROADCAST):	_____				

* Earnest request to fill the form in block letters

STAMP

Signature of the editor-in-chief

To be filled and sent by fax: +7 812 326 55 43 or by e-mail: dstepanova@spbopen.ru