MEDIA ACCREDITATION FORM

10th WBPF European Sports Championships
BUDAPEST / HUNGARY
May 24th -26th, 2019

FAMILY NAME: ……
(MR/MRS)
FIRST NAME: ……

NATIONALITY: ……

SEX (M/F): ……

JOB TITLE: ……

MEDIA ORGANISATION: ……

……

PASSPORT NO: ……

PROFESSIONAL CARD NO: ……

Duties to be performed in the Championships (please specify)

JOURNALIST	VIDEO CAMERA PERSON	PHOTOGRAPHIC CAMERA PERSON	TECHNICIAN	OTHER Please specify

CONTACT ADDRESS: ……

TELEPHONES: ……

FAX : ……

EMAIL: ……

TIME AND DATE OF ARRIVAL: ……

DATE AND SIGNATURE OF APPLICANT: ……

FOR OFFICE USE ONLY BADGE NO.

……..

……..

NB: Applications should reach us by April 26th, 2019.

The application form and the photographs shall be scanned and send by e-mail or by mail or submitted by hand (sending photographs by fax in unacceptable) to WBPF Hungary and EBPF
e-mail address: info@wbpf.hu

Attn:
Mr Peter Sebestyen / Ms Andrea Gergely
WBPF Hungary
Budaörs
Felsőhatár u. 31.
2040
Hungary
Email: info@wbpf.hu

Please copy all corespondence to
Attn:
Mag. Axel Bauer
Vice-President for Europe
Favoritenstrasse 26/6
1040 Vienna
Austria
office@ablaw.at

……..
Signature