



International Criminal Court

REGISTRATION FORM

FOURTH SESSION - ASSEMBLY OF STATES PARTIES TO THE ROME STATUTE OF THE INTERNATIONAL CRIMINAL COURT The Hague, Netherlands. 28 November to 03 December 2005			
REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVES			
PERSONAL DATA			
1. Name:		(Family name)	(First name)
2. Place and date of birth:			
3. Nationality: _____		4. Passport number: _____	
5. Permanent office address <i>(if different from your organisation's headquarters):</i>			
6. Telephone:		Mobile:	
Fax:		E-mail:	
DATA ON THE MEDIA ORGANISATION YOU REPRESENT			
7. Name of organisation:			
8. Contact person and title:			
9. Headquarters mailing address:		Telephone:	
		Fax:	
		Web site:	
10. Status/Ownership:			
<input type="checkbox"/> Educational/Public		<input type="checkbox"/> Government/State	
<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify)	
11. Type of medium <i>(check as many as necessary):</i>			
<input type="checkbox"/> Daily newspaper		<input type="checkbox"/> Photo/visual service	
<input type="checkbox"/> News agency/service		<input type="checkbox"/> Radio	
		<input type="checkbox"/> Television	
		<input type="checkbox"/> Weekly publication	
		<input type="checkbox"/> Other (specify):	
12. Position:			
<input type="checkbox"/> Cameraperson		<input type="checkbox"/> Director	
<input type="checkbox"/> Correspondent		<input type="checkbox"/> Editor	
		<input type="checkbox"/> Photographer	
		<input type="checkbox"/> Producer	
		<input type="checkbox"/> Reporter	
		<input type="checkbox"/> Technician	
		<input type="checkbox"/> Other (specify)	
13. Working language(s) of your media organisation:			