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|  | ***MEDIA ACCREDITATION FORM*** ***CEV Champions League Volley 2022***  ***GREENYARD Maaseik –*** [***fvanroost@hotmail.com***](mailto:fvanroost@hotmail.com) |

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| **1. Personal Data** | | | | | | | | | | | | | | | | | Photo | | |
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| **Last name:** | | | |  | | | | | | | | | | |  | |
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| **First Name:** | | | |  | | | | | | | | | | |  | |
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| **Address:** | | | |  | | | | | | | | | | |  | |
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| **ZIP & Country:** | | | |  | | | | | | | | | | |  | | | | |
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| **Phone:** | | | |  | | | | | | | | | | |  | | | | |
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| **Mobile phone:** | | | |  | | | | | | | | | | |  | | | | |
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| **Fax:** | | | |  | | | | | | | | | | |  | | | | |
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| **E-mail:** | | | |  | | | | | | | | | | |  | | | | |
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| **Date of birth:** | | | |  |  | |  | **Sex:** | |  | | **Nationality:** | | |  | | | |  |
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| **AIPS card number:** | | | |  | | | | **National press card number:** | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **2. Type of media and organisation** | | | | | | | | | | | | | | | | | | | |
| This section **must** be filled out in order to get an accreditation for the event. | | | | | | | | | | | | | | | | | | | |
| In case of freelance & photographer please indicate the media you will work for during this event. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 🞏 | | Press Agency | 🞏 | | | Website / Blog | | | 🞏 | | Daily Newspaper | | | 🞏 | | Daily Sports Newspaper | | | |
|  | |  |  | | |  | | |  | |  | | |  | |  | | | |
| 🞏 | | Weekly Magazine | 🞏 | | | Monthly Magazine | | | 🞏 | | Volleyball Magazine | | | 🞏 | | Photographer  (tick another box too) | | | |
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| 🞏 | | TV Commentator | 🞏 | | | Radio Commentator | | | 🞏 | | TV/Radio Technician | | | 🞏 | | Free-Lance  (tick another box too) | | | |
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|  | **Media name:** | | |  | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
|  | **Address:** | | |  | | | | | | | | | | | | | | |  |
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|  | City & Country | | |  | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
|  | **Phone:** | | |  | | | | | **Fax:** | | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **Signature**: ……………………………………………………………………. | | | | | | | | | | | | | | | | | | | |