



# MEDIA ACCREDITATION FORM



18<sup>TH</sup> ORDINARY SESSION OF THE SUMMIT OF THE AFRICAN UNION  
ADDIS ABABA, ETHIOPIA 23 – 30 JANUARY 2012

Photograph

## PERSONAL INFORMATION

(MR/MRS/Ms): \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

SEX (M/ F ) \_\_\_\_\_ PASSPORT NO: \_\_\_\_\_

NAME OF MEDIA ORGANISATION: \_\_\_\_\_

CITY AND COUNTRY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

PROFESSIONAL CARD NO: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

TELEPHONES: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

## MEDIA TYPE

<input type="radio"/> Magazine	<input type="radio"/> Radio	<input type="radio"/> Online	<input type="radio"/> News Agency	Other Pls Specify
<input type="radio"/> Newspaper	<input type="radio"/> Television	<input type="radio"/> Photo Agency	<input type="radio"/> Radio &TV	

## Duties to be performed during the Summit (tick or enter as appropriate)

<input type="radio"/> Reporter/ Correspondent	<input type="radio"/> Editor	<input type="radio"/> Video Cameraperson	<input type="radio"/> Technician	Other Pls Specify
<input type="radio"/> Producer	<input type="radio"/> Director	<input type="radio"/> Photographer		

REPORTING LANGUAGE: \_\_\_\_\_

TIME AND DATE OF ARRIVAL: \_\_\_\_\_ FLIGHT NO: \_\_\_\_\_

DATE AND SIGNATURE OF APPLICANT: \_\_\_\_\_

<sup>1</sup> **NB: Applications should reach the contact below before Monday 16 January 2012.**

The application form and the photographs shall be scanned, sent by e-mail or fax, by mail or be submitted by hand (sending photographs by fax is unacceptable). Address for mailing is:

Attn. Mrs. Rahel Akalewold

Directorate of Information and Communication

African Union Commission

PO Box 3243

Addis Ababa, Ethiopia

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