International Correspondent Press Pass Form

First Name	
Last Name	
Nationality	
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Passport/ID Number	
Date of Birth	
Gender	
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Email Address	
Phone Number	
Press Organization Details Organization Name	
Cigariization Name	
Organization Address	
Organization Address	
Editor/Contact Person	
Editor/Contact Email	
Assignment Datails	
Assignment Details Event/Assignment Name	
Coverage Area/Country	
Coverage Dates	
Purpose of Coverage	
1 dipose of coverage	

Upload Documents Passport Photo

Choose File No file selected
Press ID/Accreditation
Choose File No file selected
Assignment Letter
Choose File No file selected