

Medical Tourism Magazine Reporter Accreditation Form

Full Name

Email Address

Phone Number

Publication/Media Organization

Job Title / Position

Website (if any)

Press Credentials

Press ID / Card Number (if any)

Years of Experience

Areas of Coverage / Topics of Interest

Recent Published Work (links)

Event & Coverage Details

Event(s) Interested in Covering

Coverage Plan / Story Angle

Special Requirements

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I confirm that all information provided is accurate and true.

