

MEDIA ACCREDITATION FORM

Last Name……………………………

Nationality……………………………

AIPS No: …………………………….

Given Name ………………………………….……

Gender (M / F) ………………………………..…..

Date of Birth …………………………………….…

Name of the Editorial Office: ………………………………………………………………………

………………………………………………………………………………………………………..

Phone:……………………………….

Email: ………………………………………………

* Journalist
* Sport Magazine
* TV Reporter
* News Agency
* Photographer
* Daily Newspaper
* Radio Reporter

□ Other: …………………………………

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| --- | --- | --- |
| **Arrival**Date/Time: …………………………………Flight Number: ………………………….…From: …………………………………….… |  | **Departure**Date/Time: ………………………………Flight Number: …………………….……To: ……………………………………….. |

**The deadline to submit the document is 19 November 2024**

**Please attach your photo for ID CARD**

**Please, send to Organizing Committee:**

Tel: +97444943135

Address: Albidda Tower 4th Floor, Cornish POB. 2473

Doha, Qatar

E-Mail**:** qwlbb@olympic.qa

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