

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: …………………………………

|  |  |  |
| --- | --- | --- |
| **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:**

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Doha, Qatar

E-Mail**:** [qwlbb@olympic.qa](mailto:qwlbb@olympic.qa)

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