**ACCREDITATION REQUEST FORM**

**NAME**

**FIRST NAME**

**NAME OF MEDIA**

**DEPARTMENT**

(OR FREELANCE FOR)

**(Please enclose a confirmation of the Editor in Chief.)**

**OFFICE ADDRESS**

**STREET, NO**

**CITY ZIP CODE**

**COUNTRY**

**PHONE**

**TELEFAX**

**E-MAIL**

**Signature Editor in Chief Signature applicant**

Official stamp

Date

Please, attach your photo to the accreditation request. The minimal recommended size is 120 x 160 px, in jpg format.

**Please send the Accreditation Request Form and photo to** **boris.crnic@nd-mb.si**