



## REQUEST FOR ACCREDITED & NON-ACCREDITED MEDIA REGISTRATION

<b>PERSONAL INFORMATION</b>	
Surname_____	First Name_____
Title_____	Mobile_____
Business Address_____	
E-mail_____	Tel_____
<b>MEDIA ORGANIZATION INFORMATION</b>	
Name of Organization_____	
Contact Person & Title_____	
Business Address (If different from above)_____	
E-mail_____	Tel_____
URL_____	
Medium (newspaper, magazine, web, TV, radio, blog, etc.) _____	
Your Position (reporter, photographer, editor, etc.) _____	
What aspect(s) of the event will you cover? _____	

It is understood that media registration entitles the approved working media representative access to the event *only* for media purposes and *does not* entitle the media representative to any of the benefits reserved for paying delegates.

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

Approval Signature\_\_\_\_\_ Date\_\_\_\_\_

Registration Period from\_\_\_\_\_ to\_\_\_\_\_

Please return completed form to [registration@viea.ca](mailto:registration@viea.ca).

(for administrative use only) Accredited or Non-Accredited\_\_\_\_\_

