



**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 _____
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