



1 PERSONAL DATA

Name:			
Address:			
Zip & City:			
Phone Mobile:			
Fax:			
Email:			
Date of Birth:		Sex [M F]:	
Nationality:			
Asips Card nº:			
National Press Card nº:			

<input type="checkbox"/>	National Press Agency
<input type="checkbox"/>	Daily Newspaper
<input type="checkbox"/>	X Daily Sports Newspaper
<input type="checkbox"/>	Weekly Newspaper
<input type="checkbox"/>	Monthly Newspaper
<input type="checkbox"/>	Volleyball Magazine

<input type="checkbox"/>	TV
<input type="checkbox"/>	Radio
<input type="checkbox"/>	Journalist
<input type="checkbox"/>	Photographer (tick another box too)
<input type="checkbox"/>	Free Lance

Media Name:	
Address:	
Zip & City:	
Phone:	
Fax:	
Email:	
Signature:	
Date:	