



MEDIA ACCREDITATION FORM

NAME & SURNAME

DATE, PLACE & COUNTRY OF BIRTH

PASSPORT NUMBER & DATE OF EXPIRY

CONTACT DETAILS, TEL, E-MAIL

MEDIA ORGANIZATION, ADDRESS, TEL, E-MAIL

TYPE OF NEWS ORGANIZATION
 Newspaper Magazine TV Radio
 News Agency Internet Other: _____

CATEGORY
 Correspondent Cameraman Freelancer
 Other (please specify): _____

TICK THE BOX FOR EACH EVENT FOR YOU WISH TO BE ACCREDITED:
 OHRID PROGRAME, JULY 1-2, 2021
 OTESHEVO/ PRESPA PROGRAME, JULY 1, 2021

DATE & SIGNATURE

*The completed form alongside the following documents should be sent to:
pfdpress@mfa.gov.mk*

- Original letter sent from the media explaining the objective of the visit
- Copy of the Passport