

MEDIA ACCREDITATION APPLICATION

General Information:

Media: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="radio"/> Daily Newspaper | <input type="radio"/> Weekly Magazine | <input type="radio"/> Monthly Magazine |
| <input type="radio"/> TV | <input type="radio"/> Radio | <input type="radio"/> Agency |
| <input type="radio"/> Photographer | <input type="radio"/> Website | <input type="radio"/> Others |

Personal Data (First Name, Last Name, Date of Birth, AIPS-Number):

1 _____

2 _____

3 _____

Will you require a personal phone line at your own expenses? Yes No

Signature: _____ Date: _____

Please return the completed form to **Karlheinz Wieser** by fax (+43 316 24 28 60) or email (presse@erstebank-open.com).

The deadline for media accreditation applications is **Friday, 13th October, 2017.**

Karlheinz Wieser
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E-Mail: presse@erstebank-open.com