REQUEST FOR PRESS ACCREDITATION

1. NAME:  
   FIRST  MIDDLE  LAST  
   Sex:  M  F  (circle one)

2. NATIONAL PASSPORT:  
   a) Country of issuance:  
   b) Number:  

3. a) Place of Birth:  
   b) Date of Birth:  

4. ACCOMPANIED BY:  
   Name:  
   Relationship:  

5. REPRESENTING:  

6. OFFICIAL TITLE:  

7. CREDENTIALS:  
   a) Issued by  
   b) Number  
   (c) Expires  

8. OFFICIAL COMMUNICATION INFORMATION:  

9. STREET ADDRESS:  

10. POST OFFICE BOX:  
    11. POSTAL CODE:  

12. CITY/STATE:  
    13. COUNTRY:  

14. TELEPHONE No.: [ ] ( ) -  
    15. FACSIMILE No.: [ ] ( ) -  

16. E-MAIL ADDRESS:  

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PLEASE NOTE CUT-OFF TIME FOR PRESS ACCREDITATION
IS 6:00 P.M. WASHINGTON TIME, WEDNESDAY, August 11, 2000

CONF/00/17