



November 5th and 6th, 2008, Montreal

APPLICATION FOR CERTIFICATION FOR PRESS REPRESENTATIVES

The fully completed Application for certification must be returned before October 30th, 2008, to Könige Communications, by fax to 514 276-1199.

Individual registration form

Name of media	Nationality of media
Address	E-mail address
Telephone	Fax

Family name	First name
Title, function	
Date of birth	Nationality

Nature of media

Press agency	Written press	Periodical	Television	Radio	Web
Other (describe)					

Function of the Representative

Reporter	Correspondent	Director	Producer
Publisher	Cameraman	Technician	Photographer

Personal information

Press card	
Number of document	
Delivery / Expiry date (jj/mm/aa)	Delivered on / / Expires on / /
Authorities and country who delivered the press card	

Professional contact

Telephone	Fax
Cellular phone	E-mail address
Civic address	

I hereby certify that the information given below is accurate and complete. I understand that a false statement could lead to a refusal of this Application for certification.

Date :

Signature :