



35th ANNUAL WORLD CONGRESS

May 17-20, 2010, The Gambia, West Africa



Media Credential/Accreditation Form

INSTRUCTIONS:

Fax or email this form to ATA at +1-212-213-4890 or info@africatravelassociation.org

ALL MEDIA MUST BE CREDENTIALLED TO COVER THE SEMINAR.

Due to limited space, only media that has run a story on ATA or an ATA member in 2009-2010 with an editorial assignment letter will be considered.

First Name:		Last Name:	
Address:			
City/State		Zip Code:	Country:
Phone:	Fax:		E-mail:
Media Affiliation (Name):			

Media Type (check as many as applies):

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Daily Newspaper | <input type="checkbox"/> Television |
| <input type="checkbox"/> Weekly Publication | <input type="checkbox"/> Radio |
| <input type="checkbox"/> News agency/service | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Photo/visual service | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Other (specify) _____ | |

Media Coverage (What is the name of the source(s) where you intend to cover the event?)

Position:

- Editor
- Reporter/Correspondent
- Cameraperson
- Producer/Director
- Executive

Working language(s) of media organization: _____

SPECIAL NEEDS: If you have special requirements, please check here and describe below:

OFFICE USE ONLY:

DATE RECEIVED: _____

DATE APPROVED: _____

APPROVED BY: _____