**MEDIA ACCREDITATION FORM**

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| Last Name…………………………… Given Name ………………………………….……  Nationality…………………………… Gender (M / F) ………………………………..…..  AIPS No: ……………………………. Date of Birth …………………………………….…  Name of the Editorial Office: ………………………………………………………………………  ………………………………………………………………………………………………………..  Phone:………………………………. Email: ……………………………………………… |

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| □ Journalist □ News Agency □ Daily Newspaper □ Sport Magazine □ Photographer □ Radio Reporter □ TV Reporter □ Other: ………………………………… |

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| **Arrival**  Date/Time: …………………………………  Flight Number: ………………………….…  From: …………………………………….… |  | **Departure**  Date/Time: ………………………………  Flight Number: …………………….……  To: ……………………………………….. |

**The deadline to submit the document is 05 October 2024**

**Please attach your photo for ID CARD**

**Please, send to Organizing Committee:**

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