MEDIA ACCREDITATION FORM

Last Name……………………………

Nationality……………………………

AIPS No: …………………………….

Given Name ………………………………….……

Gender (M / F) ………………………………..…..

Date of Birth …………………………………….…

Name of the Editorial Office: ………………………………………………………………………

………………………………………………………………………………………………………..

Phone:……………………………….

Email: ………………………………………………

* Journalist
* Sport Magazine
* TV Reporter
* News Agency
* Photographer
* Daily Newspaper
* Radio Reporter

□ Other: …………………………………

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

**The deadline to submit the document is 04 June 2025**

**Please attach your photo for ID CARD**

**Please, send to Organizing Committee:**

Tel: +7 705 505 65 80

Address: Turan 18 ave.

Astana, Republic of Kazakhstan

E-Mail**:** AYJWC.2025@yandex.kz

Email: secretariat@awf.sport