



MEDIA ACCREDITATION FORM

CONTACT INFORMATION:

NAME: _____ EMAIL: _____
 ORGANISATION: _____
 ROLE (JOB TITLE): _____
 COUNTRIES COVERED: _____

PUBLICATIONS:

ONLINE PRINTED

ONLINE CIRCULATION: _____ PRINTED CIRCULATION: _____
 WEBSITE ADDRESS: _____ YEARLY VISITS: _____

SOCIAL MEDIA:

FACEBOOK PAGE LINK: _____ NO. OF FANS: _____

TWITTER ACCOUNT: @ _____ NO. OF FOLLOWERS _____

YOUTUBE CHANNEL: _____ NO. OF SUBSCRIBERS: _____

OTHER SOCIAL MEDIA

Account: _____ NO. OF FOLLOWERS: _____
 Account: _____ NO. OF FOLLOWERS: _____

LIVE STREAMING: YES NO PLATFORM: _____
 LINK TO CHANNEL: _____
 NO. OF FOLLOWERS: _____

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