

Media accreditation form

* Company name: _____
* Company tax code: _____
* Address: _____
* City: _____
* Postal Code: _____
* Country: _____
* Telephone number: _____
* Fax: _____
* E-Mail: _____
* Website: _____
* Contact person: _____
* Sector / Area: _____

* Name of the media: _____

* Kind of media: _____
Print, on-line, radio, TV...

* Recurrence: _____
Daily, weekly, monthly...

* People to accredit: _____
Name and surname

Name and surname

Applies for accreditation to become media and/or press.

This document must be sent accurately filled and sent to the following fax number: +34 933 711 330. Submitting this form means the Conditions of Participation published in <http://www.odysapro.es> are entirely accepted.

Date:

Rubber Stamp:

Signature:

