

Name of the Media/Company:	Website of the Media/Company:
Contact Details	
First Name:	Family Name:
Title:	Email:
Phone Number:	Country:
Filming request	ES NO
If YES, You wish to film	
NON COMPETITION (athletes interviews/color)	QUALIFICATIONS SEMIFINALS
FINALS	OTHERS*
*please specify	



If YES, How many people to accredit? 2 3 1 OTHER: Contact details of each person wishing to be accreditated (a separate media accreditation is needed) First Name: Family Name: Title: Email: Phone Number: Country: First Name: Family Name: Title: Email: Phone Number: Country: First Name: Family Name: Title: Email: Phone Number: Country: First Name: Family Name: Title: Email: Phone Number: Country:



Purpo	ose								
	NEWS		HIGHLIGHT		DELAYED				
	DOCUMENTARY		LIVE		OTHERS*				
*pleas	e specify								
Relat	ed infos								
Length	of the footage used in tota	il:							
Terms	of Transmission:								
Numb	ers of Transmissions:								
Platfo	orm(s)								
	LINEAR/TELEVISION		DIGITAL		OTHER*				
	e specify	hts?							
Do you request exclusive rights?									
	YES NO								



Territory (IES)* (if digital, p	lease specify whether	it is geoblocked)	
Language(s)			
Brand association			
	YES*	NO	
*please specify name(s) of the	brand (s)		
Notes			

Please join to this completed file photo(s) and press card(s)